Membership Declaration Form

Please email your completed form to members@endocrinology.org

APPLICANT NAME: (please print)......................................................................................................................

ALL APPLICANTS

Applications for membership must be proposed by a current member of the Society*. 

By signing this form, you are confirming the applicant named above is working in an endocrine-related field and as a current member you approve their application for membership of the Society for Endocrinology.

Name of Proposer: (please print).........................................................................................................................

Signature of Proposer: ................................................................................................................................. Date: ......................

Proposer Membership No: .................................................................................................................................

☐ ‘I do not know a current Society member; please find enclosed a copy of my CV along with a signed declaration below from my:

☐ Head of Department, verifying my position within my department

☐ Course Tutor (Students only), verifying my current full time situation

HEAD OF DEPARTMENT DECLARATION (if proposer unknown)

By completing this declaration, you are confirming the applicant named above is working in an endocrine-related field within your Institution/Company and Department.

Name of Head of Department: (please print)........................................................................................................

Institution/Company Name: (please print)...........................................................................................................

Department: ..................................................................................................................................................

Signature of Head of Department: ................................................. Date: ..................................

COURSE TUTOR DECLARATION (if proposer unknown – STUDENT MEMBERS ONLY)

By completing this declaration, you are confirming you are the course tutor for the applicant named above and the applicant is registered on the named full time course below.

Name of Course Tutor: (please print)..................................................................................................................

Institution/Company Name: ..............................................................................................................................

Full time course for which student is registered: ............................................................................................

Course dates (yyyy-yyyy):.....................................................................................................................................

Student’s current year of study (eg first, second, third, etc):.............................................................................

Signature of Course Tutor: ................................................. Date: ..................................

ASSOCIATE MEMBERS ONLY – HEAD OF DEPARTMENT DECLARATION

By completing this declaration, you are confirming that the applicant named above earns less than £25,000 or the equivalent per annum (excluding London allowance) and is therefore eligible for Associate Membership

Name of Head of Department: (please print) ........................................................................................................

Institution/Company Name: ..............................................................................................................................

Signature of Head of Department: ................................................. Date: ..................................