The North American Menopause Society

Membership Application

All health professionals with an interest in the many issues affecting women as they approach menopause and beyond are invited to apply for membership in The North American Menopause Society (NAMS) by completing both sides of this form. This information will be used only to contact you regarding your membership.

Last Name  First Name  Middle Initial

 Credentials (eg, MD, PhD, RN, NP)

Address

Street/P.O. Box  City

State/Province  ZIP/Postal Code  Country

Telephone  Fax

Email Address

As a member, I agree to support the Mission and to further the efforts of the Society. I have completed the reverse side of this form, and have enclosed payment of annual dues for the member category indicated below.

Signature of Applicant  Date

<table>
<thead>
<tr>
<th>Member Category</th>
<th>Annual Dues (Jan.-Dec.)</th>
<th>Half-Year Dues (July-Dec.)</th>
<th>Amount Enclosed</th>
<th>Method of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Active Member</td>
<td>$275.00</td>
<td>$200.00</td>
<td>$_______</td>
<td>☐ Check (in U.S. funds) enclosed, made payable to: The North American Menopause Society</td>
</tr>
<tr>
<td>☐ NAMS/ARHP* Discount</td>
<td>($27.50)</td>
<td></td>
<td>$_______</td>
<td>☐ VISA ☐ MasterCard ☐ American Express ☐ Discover</td>
</tr>
<tr>
<td>☐ Associate Member</td>
<td>$160.00</td>
<td>$155.00</td>
<td>$_______</td>
<td>☐ NAMS/ARHP* Discount ($16.00)</td>
</tr>
<tr>
<td>☐ NAMS/ARHP* Discount</td>
<td>($16.00)</td>
<td></td>
<td>$_______</td>
<td>Help make a difference in women’s lives through a tax-deductible donation. NAMS is a §501(c)(3) nonprofit organization (tax ID 34-1604749).</td>
</tr>
<tr>
<td></td>
<td>$_______</td>
<td></td>
<td>$_______</td>
<td>☐ CVS/CW2 (security code found on credit card)</td>
</tr>
</tbody>
</table>

* Association of Reproductive Health Professionals (ARHP) (Discount applies only to full year membership)

Total $_______

Method of Payment

Cardholder’s City  State  ZIP/Postal Code

Card Number  Expiration Date

CVS/CW2 (security code found on credit card)

Signature
Please provide the following information, allowing NAMS to better serve the needs of its members.

Please complete the following:

1. Do you have a valid and unrestricted license for clinical practice?
   - Yes
   - No
   - Not applicable

2. Do you have a valid and unrestricted DEA Registration Number?
   - Yes
   - No
   - Not applicable

3. Have you ever been denied membership or reappointment to the medical staff of any hospital or have your privileges ever been suspended, curtailed, or revoked?
   - Yes
   - No
   - Not applicable

4. Have you ever been: (i) convicted of healthcare fraud or a healthcare-related crime; (ii) suspended, sanctioned, restricted, or excluded from participating in any private, federal, or state health insurance program; (iii) convicted of theft or embezzlement relating to a healthcare program; (iv) convicted of any crime in the course and scope of your professional employment?
   - Yes
   - No

5. Have any adverse circumstances occurred that prevent you from obtaining malpractice insurance?
   - Yes
   - No
   - Not applicable

6. Have you ever been convicted of a felony?
   - Yes
   - No
   - Not applicable

If you answered "No" to questions 1 or 2 or "Yes" to any of questions 3–6, please explain:

Name (please print)
Signature    Date

Do you wish to receive the following e-mail alerts from NAMS?
   - General NAMS news and notices
   - First to Know® monthly e-newsletter
     (scientific news with expert commentary)
   - Menopause e-Consult® quarterly e-newsletter
     (clinical questions and cases with expert commentary)

Mail to:
The North American Menopause Society
5900 Landerbrook Drive, Suite 390
Mayfield Heights, OH 44124
USA
Telephone 440/442-7550
Fax 440/442-2660
Email info@menopause.org
Website www.menopause.org