

MEMBERSHIP APPLICATION

American Thyroid Association

Join the ATA online at www.thyroid.org

Selection for membership in the American Thyroid Association is based primarily on:

1. Demonstrated interest in the ATA is of paramount importance in seeking membership.
2. Interest in attending ATA meetings currently or in the future: Annual, Symposium, Workshops.
3. Interest in understanding the causes and improving the clinical management of thyroid disease and thyroid cancer.
4. Efforts in and commitment to thyroid-oriented activities, such as research, teaching, and/or clinical time devoted to thyroid-oriented work.

Before applying, please review the Membership Guidelines and Membership Categories on the ATA web site, www.thyroid.org.

Date _____

Last name _____ First name _____ Middle initial _____

Degrees _____

Applying for membership category:

_____ Active (Active members may hold office, vote, and regularly attend meetings)

_____ Corresponding (Corresponding members must be an active member of his/her geographically respective Thyroid Association)

Applicants for Corresponding membership: Are you a member of the (check one):

European Thyroid Association Latin American Thyroid Society Asia Oceania Thyroid Association

_____ Associate Member (Applicants who are in post-graduate clinical or basic fellowship training. First year dues are waived)

Title/Academic Appointments _____

Institution/office _____

Office address _____

City _____ State _____ Zip code _____ Country _____

Office telephone _____ Office fax _____

Office e-mail address _____ Home address _____

City _____ State _____ Zip code _____ Country _____

Home telephone _____ Home fax _____

Home e-mail address _____

Date of birth _____ Gender: Female Male

Preferred address, phone, fax, and e-mail for ATA correspondence: Office Home

License to practice: State/Province _____ Year _____ Board certification: Yes No

ATA Annual Meetings attended (please list years) _____

Please submit your completed application online at www.thyroid.org, along with:

1. Your CV, including:

- Academic college and year of graduation; medical or graduate school and year of graduation
- Internship and residencies (include dates), postgraduate work (include dates)
- Past and present professional and teaching appointments (include dates)
- ATA annual meetings attended (list years)
- Bibliography, emphasizing thyroid-related publications

2. Brief description of how your current professional activities reflect your interest in clinical thyroid disease or thyroid-related scientific investigation

3. Brief description of what motivates your desire to join the ATA

The Membership Chair reviews all applications and submits recommended candidates to the ATA Board of Directors for approval. Those recommended for membership by the Membership Chair shall be approved by majority vote of the ATA Board of Directors. The list of accepted members is published in the SIGNAL and candidates are notified by e-mail of their acceptance. Dues will be invoiced upon acceptance of membership.

SEND YOUR COMPLETED
APPLICATION AND
ENCLOSURES TO:

Membership Department
American Thyroid Association
6066 Leesburg Pike, Suite 550
Falls Church, VA 22041

phone 703 998-8890
fax 703 998-8893
e-mail thyroid@thyroid.org
web www.thyroid.org