

2009 Membership Form

Is this: Institutional address Home address

Name: _____
 Division: _____
 Institution/Title: _____
 Suite / Room / Apt. _____
 Street: _____
 City: _____ State: _____
 ZIP Code: _____
 Province: _____
 Country: _____
 Country Code: _____
 Telephone: _____
 Fax Number: _____
 Email address: _____

Field of interest in obesity (check all that apply)

- Behavior Epidem/Pop Sci Cellular
 Treat/Prev Metabolic Neurosciences
 Genetics Comorbidities Pediatrics
 Physical Activity Other _____

Please check any Section you would like to join.
 Sections are self managed and meet at Annual Meeting.

- Bariatric Surgery Clinicians Treating Obesity
 Epidemiology Latin American Affairs
 Obesity & Cancer Pediatric Obesity
 Diversity Prader-Willi Syndrome
 Health Services Research

CHOOSE YOUR PAYMENT METHOD:

I enclose my check payable to The Obesity Society
*All payments must be in US dollars, drawn &
 payable on a US bank.*

Please charge VISA Mastercard AmEx

Card No.: _____

Expiration date: _____

Print name on card: _____

Signature: _____

MEMBERSHIP DUES

Please check your choices:

Fellow or Regular (USA, Canada & Mexico)

Includes Newsletter, IASO dues, and:

- Obesity*, online only \$225.00
 Obesity, print only \$225.00
 Both online and print \$250.00

Overseas Member

- Obesity*, online only \$235.00
 Obesity, print only \$250.00
 Both online and print \$260.00

Student Member

- New \$0.00
 Renewal \$30.00
 Obesity, online only \$60.00
 Obesity, print only \$140.00
 Both online and print \$185.00

- Student member is defined as an undergraduate or graduate student or postdoctoral associate within three years of graduation.
- Signature of supervisor is required to confirm student status.
- **Please note:** If renewing and any type of access to *Obesity* is desired, need to add both renewal fee and type of access desired fee.

**Supervisor's
Signature:** _____