

Membership Application



First Name _____ Middle Initial _____
 Last Name _____ Degree _____
 Title _____
 Organization/Department _____
 Mailing Address _____
 City _____ State/Province _____ ZIP/Postal Code _____
 Country _____
 Email _____
 Phone _____ Fax _____

Category of Membership—Annual Dues

Please select one.

Regular Member: Regular members can hold office and vote for officers and constitutional changes.

USA, Canada and Mexico—Includes Newsletter, IASO dues and:

Obesity, online only, \$225 Obesity, print only, \$225 Both online and print \$250

Overseas—Includes Newsletter, IASO dues and:

Obesity, online only, \$235 Obesity, print only, \$250 Both online and print \$260

Student/Postdoctoral Member: Undergraduate/graduate student or postdoctoral associate within three years of graduation. Letter from supervisor on institutional letterhead is required to confirm student status. Student/Postdoctoral Members may not hold office or vote for officers and constitutional changes.

USA, Canada and Mexico—Includes Newsletter, IASO dues and:

1st Year—Free! Renewal \$30

Obesity, online only, \$75 Obesity, print only, \$100 Both online and print \$125

Overseas—Includes Newsletter, IASO dues and:

1st Year—Free! Renewal \$30

Obesity, online only, \$85 Obesity, print only, \$110 Both online and print \$135

Fellow: Fellows can hold office and vote for officers and constitutional changes. Fellows must meet certain criteria. Members who are interested in becoming a Fellow of The Obesity Society should consult <http://www.obesity.org/fellow.asp> for details.

(USA, Canada & Mexico)—Includes Newsletter, IASO dues and:

Obesity, online only, \$225 Obesity, print only, \$225 Both online and print \$250

Overseas—Includes Newsletter, IASO dues and:

Obesity, online only, \$235 Obesity, print only, \$250 Both online and print \$260

Donations

Through the generosity of your contributions to The Obesity Society, we are able to provide research and travel awards for young investigators and student members. Your contribution—of any size—allows us to help continue their work in obesity research, prevention and treatment. To make a donation, simply fill in your contribution amount below.

Donation Amount \$ _____

Method of Payment

I am enclosing a check payable to The Obesity Society in U.S. Dollars (drawn on a U.S. bank).

*Applicants paying by check must fax, mail, or email application form.

Charge my:

MasterCard Visa Discover American Express Diners Club

Promotional Coupon Code

(if applicable) _____

Card Number _____ Security Code _____

Expiration Date (Month/Year) _____ Credit Card Billing ZIP Code _____

Print Cardholder's Name _____

Signature _____ Date _____

Field of Interest in Obesity

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Metabolic |
| <input type="checkbox"/> Cellular | <input type="checkbox"/> Neurosciences |
| <input type="checkbox"/> Comorbidities | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Epidem/Pop Sci | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Treat/Prev |

Sections

Please check any Section you would like to join. Sections are self-managed and meet at the annual meeting.

- | | |
|---|---|
| <input type="checkbox"/> Bariatric Surgery | <input type="checkbox"/> Latin American Affairs |
| <input type="checkbox"/> Clinical Management | <input type="checkbox"/> Obesity & Cancer |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Pediatric Obesity |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Prader-Willi Syndrome |
| <input type="checkbox"/> Health Services Research | |

Professional Setting

- | | |
|--|--|
| <input type="checkbox"/> Bariatric Center | <input type="checkbox"/> Physicians Office |
| <input type="checkbox"/> HMO | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Hospital based Clinic | <input type="checkbox"/> University/Academia |
| <input type="checkbox"/> Industry | <input type="checkbox"/> Weight Management Program |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Multispecialty Group | |
| <input type="checkbox"/> Pharmaceutical | |

Submit Application

Online

www.obesity.org/professionals/join.asp

Mail completed Membership Application to:

Attention: Membership

The Obesity Society

8630 Fenton St., Suite 814

Silver Spring, MD 20910

Fax completed Membership Application to:

301.563.6595

Thank you for your interest in becoming a member of The Obesity Society.

Questions?

Contact The Obesity Society office at 301.563.6526 or email membership@obesity.org.