



North American Society for Comparative Endocrinology

Membership form

(to be sent to: angela.lange@utoronto.ca)

Dr. Mrs. Mr. Ms. Miss.

First name: _____

Initial: _____

Last name: _____

Position: Faculty Post-doc MSc/PhD student
Other Please specify: _____

Professional address: _____

Provide **five** keywords describing your research (Function, Organ, Hormone, Species, etc.): _____

Regular member:	<input type="checkbox"/>	100.00 USD
Emeritus:	<input type="checkbox"/>	50.00 USD
Trainee - Post-Doc	<input type="checkbox"/>	50.00 USD
Trainee - MSc/PhD student	<input type="checkbox"/>	50.00 USD
Life membership:	<input type="checkbox"/>	500.00 USD

Donation **No limit**

Membership fees (**remember that it is valid for two years**)

Please pay through [Paypal](#) link and send completed form to: angela.lange@utoronto.ca.

Date: _____

Signature of applicant: _____