



NEFS Membership Application 2010

New
England
Fertility
Society

Print clearly or type any changes to your information
this form and send** form with fee to:

New England Fertility Society
c/o Michelle Picher

110 Patricia Drive, Tewksbury, MA 01876

Phone/Fax: 978-640-9176 • michellepicher@nefs.org • www.nefs.org

**You may also complete your application pay online via credit card at www.nefs.org.

First Name, M.I.: _____ Last Name: _____

Title, Degrees: _____ Affiliation/Company: _____

MEMBERSHIP TYPE: (please check one): RENEWAL NEW (Please include a letter of recommendation from a current member)

MEMBERSHIP FEE: (PLEASE CHECK ONE)

ACCREDITATION STATUS: (PLEASE CHECK ONE)

Standard Membership - \$150

Student Discount Membership - \$150

Retired Membership - \$150

*Please note that guest fees will remain \$85 per guest in 2009.

ACCME

ACPE

ABB

NASW

ANCC

HOME Address: _____

WORK Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Home Fax: _____

Work Fax: _____

Home Email*: _____

Work Email*: _____

Preferred Contact Email-HOME

Preferred Contact Email-WORK

Preferred Mailing Address-HOME

Preferred Mailing Information-WORK

SPECIALTY (please check all that apply):

Administrative

Gynecology

Psychology

Pharmacy

Research

Laboratory

Andrology

Obstetrics/ Gynecology

Reproductive Endocrinology & Infertility

Industry

Social Work

Embryology

Nurse

Pediatrics

Urology

Other _____

TYPE OF PRACTICE (if applicable):

Resident

Academic Staff

Private Practice

Fellow

Other _____

*A CURRENT EMAIL IS REQUIRED TO RECEIVE MEMBERSHIP ANNOUNCEMENTS, INVITES, ETC. Please be sure to put updated information on the back of this form and send to the society when any information changes, especially an email address. Updates can also be submitted online at www.nefs.org