

Resident

Academic Staff

NEFS Membership Application

New

Print clearly or type any changes to your information England

New England Fertility Society

c/o Michelle Picher

110 Patricia Drive, Tewksbury, MA 01876

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

	Last Name:	
Title, Degrees:	Affiliation/Company:	
Alternate Contact/Assistant's Name:		
Alternate Contact /Assistant's Email:		
MEMBERSHIP TYPE: (please check one) RENEWAL NEW		
MEMBERSHIP FEE: (please check one)	*Please note that guest fees will remain \$85 per guest in 2014.	
□Standard Membership - \$160 (Nurse, Administrative, Laboratory) □Industry Representative Membership - \$185	ACCREDITATION STATUS: (PLEASE CHECK ONE) *Credits are available at each meeting for those noted below	
□Physician/MD Membership - \$185	□Physicians* □Social Worker	
☐Student/Fellow Membership - \$160	□Pharmacy □Nursing* □ABB/Laboratory*	
□Retired Membership - \$160	and black of the second of the	
HOME Address:	WORK Address:	
City:	City:	
State: Zip:	Zip:	
Home Phone:	Work Phone:	
Home Fax:	Work Fax:	
Home Email**:	Work Email**:	
Preferred NEFS Contact Email - HOME	WORK <u>Preferred Resource Membership Guide Information</u>	:
Preferred Mailing Address - HOME W	WORK Email - HOME WORK	
	Mailing Address - HOME WORK	
**A CURRENT EMAIL IS <u>REQUIRED</u> 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 or send information via email to the NEFS Executive Administrator, Michelle Picher at michellepicher@nefs.org. Updates can also be submitted online at www.nefs.org		
SPECIALTY (please check all that apply):		
Administrative Gynecology Psyc	ychology Pharmacy Research Laboratory	
Andrology Obstetrics/ Gynecolo	ogy Reproductive Endocrinology & Infertility	
☐Industry ☐Social Work ☐Emb	nbryology Nurse Pediatrics Urology	
Other		
TYPE OF PRACTICE (if applicable):		

Private Practice

Other

Fellow