

2012 Membership Application

First, Middle I., Last Name: _____

Medical Degree(s): _____ Professional Title: _____

Organization: _____ Office Address: _____

City, State & Zip: _____ Country: _____

Office Phone Number:(____) _____ Office Fax Number:(____) _____ E-mail: _____

Home Address: _____ City,State & Zip: _____

Country: _____ Home Phone Number :(____) _____ Preferred Mailing Address (Circle one):
Office Home

Payment

Please select a membership type:

- \$365**, Physician (practicing clinician and/or serving academic role)
 \$170, Resident, Fellow, Medical Student (Physician-in-Training applicants must submit a letter as verification of student status please visit <http://www.augs.org/p/cm/ld/fid=14> to retrieve letter)
 \$100, Affiliate Member (Physician's assistants, physical therapists, nurse practitioners, nurses, basic science researchers, pharmacists, all those who engage in research related to female pelvic medicine but do not practice or serve in an educator role). *Please note: MDs are not eligible to join the Affiliate Member Category and must join as a Physician*

Card Type: AMEX VISA Mastercard Discover

Card #: _____ Exp. Date: _____

Card Holder (Print Name): _____

Card Holder Signature: _____

Check Enclosed

Gender: Male Female

Degrees: _____

Are you fellowship trained?

- Yes
 No

If yes, please enter your fellowship information:

Institution: _____

Graduation date: _____

What is your primary professional affiliation?

- Hospital Clinic
 Private Practice
 Industry
 Military
 Government Institution
 Other (please list) _____

Professional Status:

- Physician
 Nurse
 Nurse Practitioner
 Physician Assistant
 Urodynamics
 Research
 Physical Therapists
 Resident
 Urogynecology Fellow
 Medical Student
 Occupational Health
 Health science participant
 Practice Manager
 Other (please list) _____

Professional Activity: (select all that apply)

- Basic Researcher
 Clinical Researcher
 Medical Practice
 Teaching
 Student
 Administration
 Other

Membership is on a calendar basis, January through December. Renewal notices are mailed to all members in November. If you have any questions please call AUGS at (202) 367-1167.

You may fax this form if paying by credit card to (202) 367-2167