AUGS
Advancing Female Pelvic Medicine and Reconstructive Surgery

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2018 Membership Application

First, Middle I., Last Name:_____ **Gender:** □ Male □ Female

Degree(s):_____ Professional Title:_____

Organization:_____ Office Address:_____

City, State & Zip:_____Country:_____

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

Home Address:_____ City, State & Zip:_____

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

Professional Status:

□ Physician
□ Nurse Practitioner
□ Urodynamics
□ Physical Therapist
□ Urogynecology Fellow
□ Occupational Health
□ Practice Manager
□ Nurse
□ Physician Assistant
□ Research
□ Resident
□ Medical Student

Are you a Board Certified FPMRS Subspecialist?

□ Yes □ No

Member Code of Conduct:

□ I have read and agree to comply with the AUGS Member Code of Conduct.

Payment Information (Please select a membership type):

□ **$510, Physician**

□ **$175, Fellow** (Physician-in-Training applicants must submit a letter as verification of student status please visit http://www.augs.org/verification to retrieve letter.)

□ **$0, Medical Student, Resident** (Physician-in-Training applicants must submit a letter as verification of student status.)

□ **$50, Medical Student, Resident with online journal subscription** (Physician-in-Training applicants must submit a letter as verification of student status.)

□ **$105, Affiliate** (Health care providers who do not fall within another category, clinical researchers, and government officials who actively practice in the field of FPMRS, including physician's assistants, physical therapists, nurse practitioners, nurses, basic science researchers, and pharmacists. MDs are not eligible for Affiliate Membership.)

□ **$105, International** (Any physician, physician in training, or affiliate member who resides outside of North America)

Payment Type:

□ AMEX □ VISA □ MasterCard □ Discover □ Check Enclosed

Card #:_____ Expiration Date: _____

Card Holder (Print): _____ Card Holder Signature: _____

Membership is on a calendar year basis, January through December. Renewal notices are mailed to all members in November.
Mail completed membership form with payment information to: AUGS; Department 3011, Washington, DC 20042.
We are unable to accept applications with payment sent via email and fax. Please mail to the above address only.