

1100 Wayne Ave, Suite 825 Silver Spring, MD 20910

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2020 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:		Are you a Board Certified FPMRS Subspecialist?		
□ Physician □ Nurse Practitioner □ Urodynamics	□ Nurse□ Physician Assistant□ Research	□Yes	□ No	
☐ Physical Therapist	□ Resident	Member Code of Conduct:		
□ Urogynecology Fellow□ Occupational Health□ Practice Manager	□ Medical Student	☐ I have read and agree to comply with the AUGS <u>Member</u> <u>Code of Conduct</u> .		
Payment Information (Pleas	se select a membership type):			
□ \$540, Physician				
□ \$185, Fellow (Physician-in http://www.augs.org/verific	r-Training applicants must submit a let <u>cation</u> to retrieve letter.)	ter as verification of	f student status please visit	
□\$0, Medical Student, Resi	ident (Physician-in-Training applicant	s must submit a <u>lett</u>	er as verification of student status.)	
□ \$50, Medical Student, Re verification of student status		on (Physician-in-Tra	ining applicants must submit a <u>letter as</u>	
actively practice in the field	·	ants, physical thera	al researchers, and government officials who pists, nurse practitioners, nurses, basic science	
🗆 \$100, International (Any p	ohysician, physician in training, or affil	iate member who re	sides outside of North America.)	
🗆 \$115, Fellowship Program	Coordinator (Includes any program	coordinator of an AG	CGME-accredited fellowship program.)	
Payment Type:				
□ AMEX □ VISA □ Master	Card □ Discover □ Check Enclosed	I		
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; PO Box 423011, Washington, DC 20042.

We are unable to accept applications with payment sent via email and fax. Please mail to the above address only.