



Advancing Female Pelvic Medicine and Reconstructive Surgery

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2019 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 Nurse Practitioner Physician Assistant Urodynamics Research Physical Therapist Resident Urogynecology Fellow Medical Student Occupational Health Practice Manager

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):

- \$525, Physician \$180, Fellow \$0, Medical Student, Resident \$50, Medical Student, Resident with online journal subscription \$110, Affiliate \$110, International \$110, Fellowship Program Coordinator

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; 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.