



Advancing Female Pelvic Medicine
and Reconstructive Surgery

Corporate Membership Application

Membership dues are for the January 1 - December 31 calendar year

Fee: \$1,500

Contact Information

Name: _____

Title: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

The individual noted above will receive an AUGS member account login to the website.

Payment Information

Check #: _____ (made payable to AUGS)

Credit Card Information

American Express MasterCard Visa Discover

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Print Name: _____

Signature: _____

Return form and payment to:

American Urogynecologic Society
PO Box 423011, Washington, DC 20042
Fax: 301-273-0778
info@aug.org
