AUGS
Advancing Female Pelvic Medicine and Reconstructive Surgery

Life Membership Application

Name: _____

AUGS Member Join Date*: _____

**To qualify, the applicant must have been a Regular AUGS member in good standing for a minimum of 5 consecutive years or 10 non-consecutive years prior to applying for Life Membership.*

Would You Like to Receive the *FPMRS* Journal? _____

Past AUGS Activities:

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Please include a personal statement explaining your desire for Life membership:

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