



Advancing Female Pelvic Medicine
and Reconstructive Surgery

Physician-in-Training Letter
FOR VERIFICATION PURPOSES ONLY

Date: _____

Name: _____

Job Title: _____

Organization: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

E-Mail: _____ Phone: _____

This letter verifies that I, _____, am a physician-in-training and therefore eligible to receive the reduced membership rate. I understand that my membership status is contingent upon my participation in one of the training programs listed below.

I am currently a: (*circle one*) Medical Student Resident Fellow

I am in my: (*circle one*) First Year Second Year Third Year Fourth Year

Years Participating in Program: _____ / _____ to _____ / _____
mm yyyy mm yyyy

Program Director's Name: _____

Institution: _____

I hereby acknowledge that all of the above information is accurate.

Applicant Signature

Program Director Signature

In order to verify membership status and receive the discounted rate, complete all required information and return with dues payment. If you paid online for membership already, you do not need to send payment with this form.

The American Urogynecologic Society PO Box 423011, Washington, DC 20042

AUGS
Phone: (301) 273-0570
Fax: (301) 273-0778
Email: info@augsg.org
Web Site: www.augsg.org