Life Membership Application

Name: _____

AUGS Member Join Date*: _____

When did you retire from professional activities? _____

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

Would you like to receive the *Urogynecology* Journal ($60 Subscription)? _____

Past AUGS Activities:

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

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