



AGA Affiliate Membership for GI Practice Managers/Administrators Application

Application Fee: **\$25**

I. Dues

Dues amount is based on whether a physician in your practice is an AGA member.

Yes, a physician in my practice is an AGA member. **Dues: \$100**

Name of AGA Member Physicians affiliated with your
practice: _____

No, none of the physicians in my practice are AGA members. **Dues: \$150**

II. Personal Information

First Name _____ Middle Name _____ Last Name _____

Job Title _____ Practice Name _____

Preferred Mailing Address: Home Work

Work Address (Practice)

Address: _____

Address: _____

City _____ State _____ Zip _____

Work Phone _____ Work Fax _____

Email Address _____ Practice URL _____

Home Address

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Home Phone _____ Fax _____ E-mail _____

III. Demographic Information

- Practice Arrangement: Solo Practice
 GI Group Practice fewer than 5 physicians
 GI Group Practice 5 or more physicians
 Multi-specialty Group Practice fewer than 10 physicians
 Multi-specialty Group Practice 10 or more physicians
 Other _____

How many offices or sites does your practice have? _____

Does your practice operate an Ambulatory Surgery Center? ___Yes ___No

Are you a member of MGMA? ___Yes ___No

IV. Payment Information

Pay application fee only. The application fee can be paid by check (payable to AGA in US dollars) or credit card and must be submitted with the application. Do not include membership dues. You will be invoiced for prorated membership dues. However, if you do not want to be invoiced, you may indicate this preference below and your membership dues will be automatically charged to your credit card.

- Check enclosed

Credit Card Payment Form

- I authorize AGA to automatically charge my pro-rated dues payment to my credit card.

- VISA MasterCard American Express

Name on Card _____

Account Number _____

Expiration Date _____ Amount _____

Signature _____

Fax the completed application with credit card payment to **301-272-1774** or send the completed application form, along with a check, to **AGA Member Services, 4930 Del Ray Avenue, Bethesda, MD 20814.**

PMWEB