

STUDENT 2012 MEMBERSHIP

MEMBER BENEFITS

NEWS AND INFORMATION

AGA is your source for accurate, up-to-date information about the field of gastroenterology.

■ **AGA Perspectives**

This bi-monthly magazine, available in print and online, provides a forum for the field's leading experts to debate today's most controversial topics and includes brief updates on other topics relevant to the field of gastroenterology. **FREE**

■ **AGA eDigest**

This weekly e-newsletter covers news from the literature, GI research, policy, education and management news, as well as meetings and events sponsored by the AGA Institute. **FREE**

■ **GI & Hepatology News**

AGA Institute's official newspaper, available online, highlights relevant news and commentary about clinical developments and the impact of health-care policy. **FREE**

■ **Today in Medicine**

This daily news feed brings you hand-picked articles from the day's top headlines that are pulled from hundreds of key sources. **FREE**

■ **www.gastro.org**

Stay connected to the AGA, all day, every day. Member-only resources include educational programming, an online membership directory and more.

EDUCATION

Access a variety of educational opportunities through **www.gilearn.org**, AGA Institute's premier educational Web site for gastroenterology professionals, including in-person meetings, self-study products, Webinars, online case studies and more.

■ **Attracting MD/PhD Students into Gastroenterology Workshop**

Take advantage of this MD/PhD student-only workshop and listen to experts in the field discuss GI research possibilities, successful career tips, as well as have ample opportunity to network with industry experts.

*Scholarships available.

■ **Digestive Disease Week®**

Network with other fellow students and gastroenterologists from around the world, as you learn about the latest developments in GI research and practice at the field's most prominent meeting.

**Must apply and be selected to attend.*

Eligibility Requirements and Dues

Membership is open to persons who have one of the following degrees or certifications: BA, or BS and are enrolled in medical school or PhD candidates. Applicant must include an attestation from the Dean of Students, Medical Director or other appropriate certifying office.

Annual dues: \$25

Questions?

Contact AGA Member Services at 301-941-2651 or send an e-mail to member@gastro.org.

Find us on:  Facebook

 twitter

 YouTube

AGA acknowledges the following supporter: Takeda Pharmaceuticals North America, Inc.: *AGA Perspectives*.



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DATE _____
(MM/DD/YYYY)

ANNUAL DUES (\$25/YEAR)

Personal Information

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

SUFFIX _____ JOB TITLE _____

Current Degree(s) BA BS BSc Other _____

Preferred Mailing Address Home Work

COMPANY NAME _____

WORK ADDRESS _____

CITY _____ STATE/PROV _____ ZIP/POSTAL CODE _____ COUNTRY _____

WORK PHONE _____ WORK FAX _____ E-MAIL ADDRESS (REQUIRED FOR WEB SITE LOGIN) _____

HOME ADDRESS _____

CITY _____ STATE/PROV _____ ZIP/POSTAL CODE _____ COUNTRY _____

HOME PHONE _____ HOME FAX _____ E-MAIL ADDRESS (REQUIRED FOR WEB SITE LOGIN) _____

Education

COLLEGE _____ DEGREE TYPE _____ DATE GRADUATED (MM/DD/YYYY) _____

MEDICAL (OR OTHER PROFESSIONAL) SCHOOL _____ DEGREE TYPE _____ START DATE (MM/DD/YYYY) _____ ANTICIPATED COMPLETION DATE (REQUIRED) (MM/DD/YYYY) _____

Demographics

Race (optional): African American American Indian Hispanic Asian
 White Pacific Islander Alaskan Native Other

Gender Male Female

DATE OF BIRTH (REQUIRED)
(MM/DD/YYYY)

Verification

All applications for Student Membership must have the signature of the Dean of Students, Medical Director or other appropriate certifying office. By signing below, the individual verifies, to the best of his/her knowledge, that the applicant meets the requirements of AGA membership.

I _____ verify that _____ is a student at _____
(PRINT NAME OF INSTITUTION)

NAME (PLEASE PRINT) _____ TITLE _____ DATE (MM/DD/YYYY) _____

Payment

Annual dues cover July 1 - June 30. Please charge my dues. Please invoice me for my dues.

My check is enclosed in U.S. dollars, payable to AGA.

Visa Mastercard American Express

CHECK # _____ CHECK AMOUNT _____ NAME ON CARD _____ CARD NUMBER _____

EXPIRATION DATE _____ AMOUNT _____

SIGNATURE _____

Submit

- Completed application form.
- Pre-payment information (if applicable).
- Signature from medical director.

Via Mail to:
AGA Member Services Dept.
4930 Del Ray Ave.
Bethesda, MD 20814-2513

Via Fax to:
301-272-1774

WEB