

# American Gastroenterological Association APPLICATION

MEMBER ■ INTERNATIONAL MEMBER ■ INTERNATIONAL AFFILIATE MEMBER

DATE \_\_\_\_\_

Application Fee: \$40 (Payable with application.)

## I. DUES

Please check the appropriate box:

- MEMBER (\$345/YEAR)  
 INTERNATIONAL MEMBER (\$400/YEAR)  
 INTERNATIONAL AFFILIATE MEMBER (\$40/YEAR)

### Optional Benefits (International Affiliate Member Only)

- ADD GASTROENTEROLOGY AND GASTROENTEROLOGY ONLINE (\$305/YEAR)  
 ADD CLINICAL GASTROENTEROLOGY AND HEPATOLOGY (\$65/YEAR)  
 ADD DDW® registration (\$305)

## II. PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Suffix \_\_\_\_\_ Job Title \_\_\_\_\_

### Current Degree

- M.D. or Equivalent  Ph.D.  D.O.  D.V.M.  
 Other \_\_\_\_\_

Preferred Mailing Address  Home  Work

### Work Address

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

Address 3 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Company URL \_\_\_\_\_

### Home Address

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

Address 3 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Fax \_\_\_\_\_

## III. EDUCATION

Academic/College \_\_\_\_\_

Degree Type \_\_\_\_\_ Date Graduated \_\_\_\_\_

Medical School \_\_\_\_\_

Degree Type \_\_\_\_\_ Date Graduated \_\_\_\_\_

Graduate School \_\_\_\_\_

Degree Type \_\_\_\_\_ Date Graduated \_\_\_\_\_

## IV. MEDICAL LICENSE/BOARD CERTIFICATION

### Medical License

Name as it appears on medical license \_\_\_\_\_

\_\_\_\_\_

Medical License Number \_\_\_\_\_

License City and State (if foreign give country) \_\_\_\_\_

\_\_\_\_\_

National ID Number (Canada Only) \_\_\_\_\_

ECFMG Number (for graduates of foreign medical schools only)

\_\_\_\_\_

Has any action, in any jurisdiction, been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation or any other sanctions or conditions imposed upon a license. **Note:** Any significant misstatements or omissions from this application shall constitute cause for denial/revocation of AGA membership.

Yes (Please attach explanation.)  No

### Board Certifications (US applicants only)

American Board of Internal Medicine or

American Osteopathic Board of Internal Medicine

Certification Number \_\_\_\_\_

Date of Certification \_\_\_\_\_

Subspecialty Board in Gastroenterology

Certification Number \_\_\_\_\_

Date of Certification \_\_\_\_\_

(OVER)

## V. TRAINING

### Residency

Name of Institution \_\_\_\_\_

Inclusive Dates \_\_\_\_\_

### Gastroenterology

Name of Institution \_\_\_\_\_

Inclusive Dates \_\_\_\_\_

### Other

Name of Institution \_\_\_\_\_

Inclusive Dates \_\_\_\_\_

## VI. DEMOGRAPHICS

### Race (optional)

- African American     American Indian     Hispanic  
 Asian     Caucasian     Other  
 Pacific Islander     Alaskan Native

### Gender

- Male     Female

Date of Birth (mm/dd/yy) \_\_\_\_\_

Social Security Number \_\_\_\_\_  
(US applicants only)

### Practice Arrangement

- Solo Practice  
 GI group practice with fewer than 5 MDs  
 GI group practice with 5 or more MDs  
 Multi-specialty group practice with fewer than 10 MDs  
 Multi-specialty group practice with 10 or more MDs  
 Not in Practice Setting  
 Other \_\_\_\_\_

### Indicate the percentage of time you spend on each of the following professional activities:

\_\_\_\_\_ % Research-Basic    \_\_\_\_\_ % Clinical-Academic  
 \_\_\_\_\_ % Research-Clinical    \_\_\_\_\_ % Clinical Private-Practice  
 \_\_\_\_\_ % Research-Academic    \_\_\_\_\_ % Industry  
 \_\_\_\_\_ % Administrative Management  
 \_\_\_\_\_ % Other \_\_\_\_\_

### Section Affiliations (up to 4 choices)

\_\_\_\_\_ Choice One    \_\_\_\_\_ Choice Three  
 \_\_\_\_\_ Choice Two    \_\_\_\_\_ Choice Four

- |   |   |
|---|---|
| A. Clinical Practice                        | H. Growth, Development & Aging                                |
| B. Esophageal, Gastric & Duodenal Disorders | I. Immunology, Microbiology & Inflammatory Bowel Disorder     |
| C. Intestinal Disorders                     | J. Hormones, Transmitters, Growth Factors and Their Receptors |
| D. Pancreatic Disorders                     | K. Nutrition & Obesity  |
| E. Liver & Biliary                          | L. Imaging and Advanced Technology                            |
| F. Gastrointestinal Oncology                |   |
| G. Motility & Nerve-Gut Interaction         |   |



American Gastroenterological Association  
 4930 Del Ray Avenue, Bethesda, MD 20814  
 301-654-2055 (phone) 301-654-5920 (fax) www.gastro.org

### Other Association Memberships

- AASLD     ACG     AMA     ASGE     GRG     NASPGN     SSAT

## VII. PUBLICATIONS

Please include a typewritten list of all publications. The list should include the title, authors' names as they appear, journal or book, volume, inclusive pages, and date of publication. List (1) published papers, (2) books, (3) abstracts and (4) papers to press in separate sections.

## VIII. NOMINATING SIGNATURE

By signing below, the nominating member verifies, to the best of his/her knowledge, that the applicant meets the requirements of AGA membership. A separate letter may be provided in lieu of a signature.

**Note:** only one signature is required if applying for International or International Affiliate membership.

Nominated by (signature) \_\_\_\_\_

(Please print name.) \_\_\_\_\_

Seconded by (signature) \_\_\_\_\_

(Please print name.) \_\_\_\_\_

## IX. PAYMENT

**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, subscriptions or registration fees with application. You will be invoiced for prorated membership dues and other items after you are formally accepted as a member. 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.

### Credit Card Payment Form

I authorize AGA to automatically charge my prorated dues payment to my credit card.

- VISA     Mastercard     American Express

Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount \_\_\_\_\_

Signature \_\_\_\_\_

### Submit the completed application form, along with the following:

- Letters of recommendation if nominating signatures are not included on the application.
- List of any publications, if applicable.
- A copy of any relevant professional certificates.
- Payment of application fee (check payable to AGA in US dollars or completed credit card payment form).

### Mail to:

AGA Member Services Department  
 4930 Del Ray Avenue  
 Bethesda, MD 20814