

Application for State Affiliate Provisional Status

1. Individual completing application:

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

2. State or region which organization represents: _____

3. Intended name of organization: _____

4. Names of officers (if elected):

Name: _____ Office: _____

Name: _____ Office: _____

Name: _____ Office: _____

Name: _____ Office: _____

5. Has an announcement of the formation of an AGS state affiliate been mailed to all AGS members in your state?* YES NO

6. Has an announcement of the formation of an AGS affiliate in your state been included in the AGS Newsletter?* YES NO

7. How many meetings has the organization held?* _____
What was the attendance at those meetings? _____

8. Who is primarily responsible for coordinating organizational activities at the present time?

Name: _____ Office: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

9. Current number of members in your organization: _____

10. How much do you charge for membership dues?

11. Do you require your members to be AGS members? YES NO

12. Does your organization have by-laws? (If so, please attach) YES NO
If not, is your organization currently developing by-laws?* YES NO

13. Does your organization have 501(c)(3) status? YES NO
If not, has your organization applied for 501(c)(3)?* YES NO
Are you planning to use the AGS group exemption? YES NO

14. Is your organization affiliate with a county or state medical society? YES NO
If so, which one(s)? _____

15. Is your organization affiliated with any other organization(s)? YES NO
If so, which one(s)? _____

16. Do you anticipate that your organization will be in a position to develop by-laws and elect officers within two years from the date of this application? YES NO

| | |
|--------------------|----------------|
| _____ Signature | _____ Title |
| _____ Date | |

* These conditions are required and must be met before provisional status can be granted.
Please return to AGS, Membership Department, The Empire State Building, 350 Fifth Avenue, Suite 801, New York, NY 10118