

**AMERICAN GERIATRICS SOCIETY
Student & Resident Chapter Application**

Please Indicate Type of Chapter You are Applying For

AGS Student Chapter
 AGS Resident Chapter

Institution Information (where all information should be sent)

Institution: _____

Department: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Make Stipend Checks Payable To: _____
(cannot be an individual)

Which of the following groups make up your membership? (please check all that apply)

medical
 nursing
 social work
 undergraduate
 physician's assistant
 pharmacy
 physical therapy
 occupational therapy
 other, please specify _____

Faculty Information

Name of Faculty Advisor: _____ Degree: _____

Title: _____

Telephone: _____ Fax: _____ E-mail: _____

Student Officer Information

President: _____ Year of Study: _____

Discipline: _____ E-mail: _____

Vice President: _____ Year of Study: _____

Discipline: _____ E-mail: _____

On a separate sheet, please provide the following:

1. A summary of your organization's general goals and objectives;
2. A description of the nomination and election process for chapter officers;
3. A description of the process for maintaining records of the chapter's finances and activities.

Please return complete application form to:

Joe Douglas

American Geriatrics Society

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New York, NY 10118

E-mail: jdouglas@americangeriatrics.org

Phone: 212-308-1414 Fax: 212-832-8646