



**The Virginia Geriatrics Society**  
**A State Affiliate of the American Geriatrics Society**  
**2011 Membership Application**

New Member

Renewing Member

<b>Applicant Name &amp; Contact Information</b>				<b>AGS Member?</b>
				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
First Name	Middle Initial	Last Name	Degree (MD, DO, etc)	
Street and Number			Phone Number	
City	State	Zip	<input type="checkbox"/> Home	Fax Number
Organization	Title		<input type="checkbox"/> Work	Email Address
If a current member recruited you, please print his/her Name			Recruiting Member's Email Address (if known)	

<b>Membership Dues Category</b>		
\$50	1 Year January 2011 - December 2011	
<input type="checkbox"/> Fellow-In-Training*	<input type="checkbox"/> Physician's Assistant	<input type="checkbox"/> Retired
<input type="checkbox"/> Nurse	<input type="checkbox"/> Resident*	<input type="checkbox"/> Other
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Social Worker	
<input type="checkbox"/> Physician	<input type="checkbox"/> Student*	

*\* Trainee Memberships require appropriate verification data completed on page 2 of the application.  
Proof of eligibility on signed department letterhead may also be requested by the AGS Membership Office*

<input type="checkbox"/> Enclosed is my check payable to: <b>The American Geriatrics Society</b>
<input type="checkbox"/> Please charge to: ___ Visa    ___ MasterCard    ___ American Express    ___ Discover
Credit Card Number: _____ Exp. Date: _____
Signature: _____ Date: _____ (required in order to process the credit card transaction)

**Please complete and return with payment to:**

The American Geriatrics Society  
Empire State Building  
350 Fifth Avenue, Suite 801  
New York, NY 10118  
Fax: (212) 832-8646

**Questions/Queries:**

Please call (212) 308-1414 or (800) 247-4779  
and ask for the Membership Department

**To Renew online, log in to MyAGS:**

[www.americangeriatrics.org/myags](http://www.americangeriatrics.org/myags)

(My Transactions - click Renew; credit card required)



**The Virginia Geriatrics Society**  
*A State Affiliate of the American Geriatrics Society*  
**Membership Application**

**Applicant Name**

\_\_\_\_\_

**Discipline**

Nurse/Nurse Practitioner   
  Pharmacist   
  Social Worker   
  Physical or Occupational Therapist  
 Physician Assistant   
  Scientist (non-PhD)   
  Scientist (PhD)   
  Other Professional

**Certification Information**

*Primary Specialty*

Emergency Medicine   
 Family Medicine   
 Geriatric Medicine  
 Internal Medicine   
 Miscellaneous/Other, please specify \_\_\_\_\_

<i>Certifying Agency</i>	<i>Specialty</i>	<i>Year Certified</i>	<i>Recertified</i>	<i>Year Recertified</i>
			Y / N	

**\*Verification Information for Trainee Members**

Residency/Student Type:  Medical  Graduate Nursing  Undergrad Nursing  Pharmacy  Other

Program/School \_\_\_\_\_

Start/Matriculation Date \_\_\_\_\_ End/Graduation Date \_\_\_\_\_

Advisor/Faculty Name \_\_\_\_\_ Email \_\_\_\_\_