



The California Geriatrics Society

A State Affiliate of the American Geriatrics Society

Membership Application

New Member

Renewing Member

| | | | | |
|--|----------------|-----------|--|------------------------------|
| Applicant Name & Contact Information | | | | AGS Member? |
| | | | | <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) | |

| | | | |
|--|--|-----------------------------------|------|
| Membership Dues Category | | | |
| 1 Year Membership (<i>CGS runs on an anniversary year and membership will be valid for one year from join/renew date.</i>) | | | |
| <input type="checkbox"/> Regular Member | \$25 | <input type="checkbox"/> Student* | Free |
| <input type="checkbox"/> Fellow-In-Training | <input type="checkbox"/> Physician's Assistant | | |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Resident | | |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Social Worker | | |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Other | | |

* Student 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: The American Geriatrics Society |
| <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
40 Fulton Street, 18th Floor
New York, NY 10038
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

(My Transactions - click Renew; credit card) **required**



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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> |
|--------------------------|------------------|-----------------------|--------------------|-------------------------|
| | | | <i>Y / N</i> | |
| | | | | |

***Verification Information for Student Members**

Student Type:
 Medical
 Undergraduate Nursing
 Graduate Nursing
 Pharmacy
 Other

School/Program _____

Matriculation Date _____ Graduation Date _____

Faculty Advisor Name _____ Email _____