

# Kentucky Geriatrics Society

## Membership Application and Dues Statement 2012

- Physician Member - \$60
- Associate Member - \$30  
(Non-physician; allied health professionals)
- Student (fellow, resident) – Free



*Name (Last, First, Middle Initial)*

*Degree(s)*

*Home Address*

*Office Address*

*Practice Name*

*Email*

*Phone*

*Please send remittance/payment to :*

**Kentucky Geriatric Society**  
c/o KMA  
4965 US Hwy 42, Ste # 2000  
Louisville, KY 40222

**For more information**

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or  
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**AGS**

**THE AMERICAN GERIATRICS SOCIETY**

Geriatrics Health Professionals.

Leading change. Improving care for older adults.

*proud state affiliate of The American Geriatrics Society*