



WEST VIRGINIA GERIATRICS SOCIETY

(304) 556-3828

A State Affiliate of the American Geriatrics Society Membership Application

New Member

Renewing Member

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

| Membership Dues Category | |
|--|--|
| One Year January 2013 - December 2013 | |
| <input type="checkbox"/> Individual Member \$35.00 | <input type="checkbox"/> Associate Member* \$15.00 |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Physician's Assistant |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Other | <input type="checkbox"/> Fellow-in-Training |
| | <input type="checkbox"/> Resident |
| | <input type="checkbox"/> Student |
| <input type="checkbox"/> Institutional Member \$500.00 | |

| |
|---|
| <input type="checkbox"/> Enclosed is my check payable to: |
| The West Virginia Geriatrics Society |

Please complete and return with payment to:

The WV Geriatrics Society
3501 MacCorkle Avenue, SE, Box 115
Charleston, WV 25304

Questions/Queries:

Please call (304) 556-3828

To Join the American Geriatrics Society go online

www.americangeriatrics.org