

Allied Specialist Subscription Application

\$260/year

*Introductory rate available for new AGS members who are surgical, related medical specialists and/or GEMSSTAR recipients.
Renewable for one year, then transitions into physician membership.*

Applicant Name

First Name _____ Middle Initial _____ Last Name _____ Degree (MD, DO, etc) _____

Mailing Address

Street and Number _____

City _____ State _____ Zip _____

Organization _____ Title _____

[] Work

[] Home

Date of Birth _____

Phone & Email

Phone Number _____

Fax Number _____

Email Address (required for MyAGS and JAGS online) _____

I am a: [] Surgical/ Medical Specialist [] GEMSSTAR recipient

Specialty Information

Please select your specialty:

[] Anesthesiology [] Cardiology [] Colon and Rectal Surgery [] Dermatology [] Emergency Medicine
[] Endocrinology [] Gastroenterology [] General Internal Medicine [] General Surgery [] Geriatric Psychiatry
[] Gynecology [] Hematology/Oncology [] Hospitalist [] Infectious Diseases [] Nephrology [] Neurological Surgery
[] Neurology [] Oncology [] Ophthalmology [] Orthopaedic Surgery [] Otolaryngology [] Palliative Care [] Physical Medicine & Rehabilitation [] Pulmonology [] Rheumatology [] Thoracic Surgery [] Trauma Surgery [] Urology [] Vascular Surgery []
Miscellaneous/Other, please specify _____

Certification Information

Certifying Agency	Specialty	Year Certified	Recertified Y/N	Year Recertified

Voluntary Contribution

To the AGS Foundation for Health in Aging

To the Student Researcher Fund

___\$25 ___\$50 ___\$75 ___Other

___\$25 ___\$50 ___\$75 ___Other

Payment

[] I consent to AGS charging my credit card with the above subscription rate or enclosed is my check payable to: The American Geriatrics Society.

Please charge to: ___ Visa ___ Mastercard ___ American Express ___ Discover

Credit Card Number: _____ Exp Date: _____

Signature : _____

Please select "select form" in the upper-right hand corner of the page to send to AGS or email us at membership@americangeriatrics.org.
You can also print and send this application to The American Geriatrics Society 8th floor New York, NY 10038.

Questions? Email membership@americangeriatrics.org or call 212.308.1414.