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Allied Specialist Subscription Application

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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
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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.

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

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