AGS Geriatrics Healthcare Professionals

THE AMERICAN GERIATRICS SOCIETY
40 FULTON STREET, 18TH FLOOR
NEW YORK, NEW YORK 10038
212.308.1414 TEL 212.832.8646 FAX
www.americangeriatrics.org

I am a: ☐ **New AGS Member** ☐ **Renewing AGS Member**

Applicant Name

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

AGS ID

(if known)

Mailing Address

Street and Number

City | State | Zip

Organization | Title

If an AGS member recruited you, please print his/her Name

Phone & Email

☐ Work

☐ Home

Phone Number

Fax Number

Date of Birth

Email Address (required for MyAGS and *JAGS* online)

Recruiting Member's Email Address (if known)

AGS Membership is valid for one year from join/renew date. Please select your membership category:

Physician

- ☐ 1 year $423
- ☐ 2 years $846

Nurse/Nurse Practitioner or other Health Care Professional

- ☐ 1 year $322
- ☐ 2 years $645

Pharmacist

- ☐ 1 year $322
- ☐ 2 years $645

Physician Assistant

- ☐ 1 year $322
- ☐ 2 years $645

Social Worker

- ☐ 1 year $322
- ☐ 2 years $645

International Physician *(physicians residing in countries classified as low or middle income by the World Bank are eligible for discounts)*

- ☐ 1 year (World Bank low income country) $133
- ☐ 1 year (World Bank middle income country) $275

Recognized *(health care professional who has returned to school full-time, while practicing)*

- ☐ 1 year $234

Early Career Professional *(available for first year of practice after fellowship or residency)*

- ☐ 1 year $171

Fellow-in-Training

- ☐ 1 year $120

Resident, Post-Grad/Pre-Doc Trainee

- ☐ 1 year $102

Student

- ☐ 1 year $78

Retired *(must be at least 60 years old or working less than 20 hours each week in active practice)*

- ☐ 1 year $90

Emeritus *(members who have been active AGS members for 15 consecutive years)*

- ☐ 1 year $90

AGS manages membership for the following state affiliates. If you'd like to become a member of your local state affiliate select it below or go to www.americangeriatrics.org/stateaffiliates.

☐ California	☐ Florida	☐ Illinois	☐ Virginia
☐ Missouri	☐ New Jersey	☐ Ohio	☐ West Virginia

AGS
75 YEARS OF CARING FOR OLDER ADULTS

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Applicant Name:

AGS Member Services:

☐ Yes, I would like my information listed in the HealthinAging.org Geriatrics Healthcare Professional Referral Service

Referral Address ☐ Work ☐ Home

_____
Street and Number

_____
City State Zip

_____
Organization Title

Referral Phone & Email

_____
Phone Number

_____
Fax Number

☐ No, I would not like to receive hard copy mailings of the AGS Journal (*JAGS)*

☐ No, I would not like to receive hard copy mailings of *Annals of Long-Term Care*

☐ No, I would not like to receive weekly listserv email updates

Discipline: ☐ Medicine ☐ Nurse/Nurse Practitioner ☐ Pharmacist ☐ Physical or Occupational Therapist ☐ Physician Assistant ☐ Social Worker ☐ Other Professional

Certification Information:

Primary Specialty: ☐ Emergency Medicine ☐ Family Medicine ☐ Geriatric Medicine ☐ Internal Medicine

☐ Miscellaneous/Other, please specify _____

Certifying Agency	*Specialty*	*Year Certified*	*Recertified (Y/N)*	*Year Recertified*

Verification information for Early Career Professionals, Fellows-in-Training, Residents and Student Members. Please complete the appropriate section:

Early Career Professional: Name of Last Training Program: _____ Date of Program Completion: _____

Fellow-in-Training: Program Name: _____ Start Date: _____

End Date: _____ Director Name: _____ Director Email: _____

Resident or Post Graduate: Program Name: _____ Start Date: _____

End Date: _____ Director Name: _____ Director Email: _____

Student/Recognized: Program Name: _____ Start Date: _____

End Date: _____ Director Name: _____ Director Email: _____

Student Type: ☐ Medical ☐ Undergraduate Nursing ☐ Graduate Nursing ☐ Pharmacy ☐ Other _____

Voluntary Contribution to the Health in Aging Foundation:

To the Healthy Aging Fund (general)(supports health professional trainees)
☐ $25 ☐ $50 ☐ $75 ☐ Other ____

To the Student Researcher Fund
☐ $25 ☐ $50 ☐ $75 ☐ Other ____

☐ I consent to AGS charging my credit card with the above dues 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: _____ Date: _____

Please select "submit 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 18th floor New York, NY 10038