

## Allied Specialist Subscription Application

**\$225/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.*

<b>Applicant Name</b>			
First Name	Middle Initial	Last Name	Degree (MD, DO, etc)
<b>Mailing Address</b>		<b>Phone &amp; Email</b>	
Street and Number		[ ] Work	
City		[ ] Home	
State		Phone Number	
Zip		Fax Number	
Organization	Title	Date of Birth	<b>Email Address</b> (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 [ ] Dentists or Dental Hygienists [ ] 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](mailto:membership@americangeriatrics.org).  
 You can also print and send this application to The American Geriatrics Society 18<sup>th</sup> floor New York, NY 10038.

Questions? Email [membership@americangeriatrics.org](mailto:membership@americangeriatrics.org) or call 212.308.1414.