



Allied Specialist Subscription Application
\$225/year

Available for surgical, related medical specialists and GEMSSTAR recipients.

Applicant Name			
First Name	Middle Initial	Last Name	Degree (MD, DO, etc)
Mailing Address		Phone & Email	
Street and Number		[] Work	
City State Zip		[] Home	
Organization		Date of Birth	
		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 18th floor New York, NY 10038.

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