

ILLINOIS GERIATRICS SOCIETY MEMBERSHIP APPLICATION

*The Illinois Geriatrics Society is a State Affiliate of the American Geriatrics Society.
State Affiliates offer education, networking and advocacy at the local level. To learn more
about State Affiliates go to www.americangeriatrics.org/stateaffiliates.*

I am: joining as a new member renewing my membership

First Name: _____

Last Name: _____

Degree (MD, DO, etc.): _____

Address: _____ Work Personal

City: _____

State: _____

Zip: _____

Organization: _____

Title: _____

Email Address: _____ Work Personal

Phone Number: _____ Work Personal

Membership Type:

Illinois Physician Member- \$70

Illinois Health Care Professional Member- \$45

Illinois Interim, Associate Member- \$15

Illinois Emeritus, Retired or Student Member- \$0

Payment:

I consent to AGS charging my credit card with the above dues rate.

Please charge to: Visa MasterCard American Express Discover

Credit Card Number: _____ Exp Date: _____

Signature: _____ Date: _____

Please email your completed application to membership@americangeriatrics.org or fax to 212.832.8646.