

## KENTUCKY GERIATRICS SOCIETY MEMBERSHIP APPLICATION

*The Kentucky 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](http://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:

Kentucky Physician Member- \$50

Kentucky Health Care Professional Member- \$30

Kentucky Retired Member- \$30

Kentucky Resident 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](mailto:membership@americangeriatrics.org) or fax to 212.832.8646.