MEDICAL STUDENT MEMBERSHIP REQUIREMENTS:
- A medical student interested in pursuing a career in surgery.
- Currently enrolled in an accredited medical school acceptable to SAGES.

Application Date: ________________

Please check: ☐ Male ☐ Female ☐ I choose not to disclose

APPLICANT’S FULL NAME:

(LAST/FAMILY NAME) (FIRST/GIVEN NAME) (MIDDLE NAME OR INITIAL)

Date of Birth (month/day/year): ________________ Country of Birth ________________

PLEASE CHECK PREFERRED MAILING ADDRESS:

☐ PROFESSIONAL ADDRESS:

(Company or Organization or Institution)

(Department)

(Street Address) (Suite or Room or Building or PO Box)

(City) (State/Province) (Zip/Postal Code) (Country)

(Business Phone Number) (Business E-Mail Address)

☐ RESIDENCE ADDRESS:

(Street Address) (Apt Number or Box Number)

(City) (State/Province) (Zip/Postal Code) (Country)

(Home or Cell Phone Number) (Personal E-Mail Address)
EDUCATION (COMPLETE ANY APPLICABLE TO YOUR EDUCATION):

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<th>College/University</th>
<th>Degree</th>
<th>Year Awarded</th>
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<tr>
<th>Medical School</th>
<th>Degree</th>
<th>Year Awarded</th>
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<th>Other Applicable Training</th>
<th>Institution</th>
<th>Begin Year</th>
<th>End Year</th>
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Why do you want to join SAGES?

__________________________________________________________________________________________

__________________________________________________________________________________________

Who referred you to SAGES? ________________________________________________________________

__________________________________________________________________________________________

AUTHORIZATION: I authorize the Society of American Gastrointestinal and Endoscopic Surgeons to obtain information from societies, hospital staffs, members and any other source regarding this application and my qualifications for membership that will be kept confidential by the Society.

Applicant’s Signature: ________________________________________________________________________________

SPONSOR:

Current Sages Member: ____________________________________________ Email: _________________

CHECKLIST FOR REQUIRED DOCUMENTS TO COMPLETE APPLICATION:

☐ A signed, fully completed application form (or complete the online application at www.sages.org)
☐ A letter of recommendation from a current SAGES member
☐ Proof of Medical School Enrollment
☐ $40 application fee.

PLEASE FIND ENCLOSED MY $40 USD APPLICATION FEE:

☐ A check (USD only) is enclosed with this application. Please make checks payable to SAGES.

☐ I authorize you to charge my: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

CC Number: _____________________________ Expiration Date: ____________ Code: _____ Amount: ____________

Cardholder Name: ________________________________ Signature: _____________________________

or remit payment online at: https://www.sages.org/sages-membership-application-fee/

APPLICATION REVIEW PROCESS: The SAGES Membership Committee meets quarterly, in January, March/April, July, and October, to consider new members. Applications must be complete one month prior to final approval meeting dates.

ANNUAL MEMBERSHIP DUES: Annual dues for Medical Student members are $40 and do not include a subscription to the Surgical Endoscopy journal. Upon acceptance of membership, the $40 application fee is applied as first year’s dues.

UPGRADE FROM MEDICAL STUDENT TO CANDIDATE MEMBERSHIP: Upon graduation from medical school, and at the beginning of residency or fellowship program (whichever comes first), Medical Student members may apply for Candidate membership status by completing a Candidate Membership application. Will be subject to review and approval for change in membership status.