



SAGES

Society of American Gastrointestinal and Endoscopic Surgeons

APPLICATION FOR ACTIVE MEMBERSHIP

SAGES Membership Services
11300 W Olympic Blvd #600
Los Angeles CA 90064
Phone: 310-437-0544
Fax: 310-424-3398
Email : membership@sages.org
Web Site : www.sages.org

ACTIVE MEMBERSHIP REQUIREMENTS:

- Practice within the United States, Canada or Puerto Rico.
- License to practice medicine in his/her state, province or country. Applicant may be in government service not requiring licensure.
- Certification by the American Board of Surgery, the American Board of Osteopathic Surgery, fellowship in the Royal College of Surgeons, Canada, or fellowship in the American College of Surgeons.

Application Date: _____

U.S. Active Duty Military

Title: Mr. Mrs. Miss Ms. Mx.

PLEASE TYPE OR PRINT CLEARLY

APPLICANT'S FULL NAME:

(LAST/FAMILY NAME)

(FIRST/GIVEN NAME)

(MIDDLE NAME OR INITIAL)

Suffix: Jr. II III IV

MD DO PhD FACS FRCS Other Degrees: _____

Date of Birth (month/day/year): _____

(Company or Organization or Institution Name)

(Department)

(Title)

ADDRESS: BUSINESS HOME

(Street Address)

(Suite or Apartment or Building or PO Box)

(City)

(State/Province)

(Zip/Postal Code)

(Country)

(Business Phone Number)

(Business E-Mail Address)

(Home or Cell Phone Number)

(Secondary/Personal E-Mail Address)

EDUCATION:

| | | |
|---|------------------|-----------------|
| College/University: Institution | Degree | Date Awarded |
| Medical School: Institution | Degree | Date Awarded |
| Postgraduate Training: Institution | Degree | Date Awarded |
| Internship: Institution | Program Director | Inclusive Dates |
| Residency: Institution | Program Director | Inclusive Dates |
| Fellowship: Institution | Program Director | Inclusive Dates |
| Other: Institution | Program Director | Inclusive Dates |

MEDICAL LICENSURE:

| | | |
|---|-----------------|--|
| State | Registry Number | Expiration Date |
| Has your medical license ever been suspended or revoked in any state? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have your privileges ever been suspended or changed? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

BOARD CERTIFICATION:

| | | |
|---|----------------------|-----------------|
| <input type="checkbox"/> Certified by the American Board of Surgery | Certificate #: _____ | Exp Date: _____ |
| <input type="checkbox"/> Certified by the American Board of Osteopathic Surgery | Certificate #: _____ | Exp Date: _____ |
| <input type="checkbox"/> Fellow of the American College of Surgery | Certificate #: _____ | Exp Date: _____ |
| <input type="checkbox"/> Fellow of the Royal College of Surgeons | Certificate #: _____ | Exp Date: _____ |

FELLOWSHIPS and MEMBERSHIPS:

AMA ASCRS ASGE SSAT AOA ASMB IPEG AWS SBAS OTHER: _____

ACADEMIC APPOINTMENTS (BEGIN WITH CURRENT):

| | | | |
|-------------|-------|-----------------|--|
| _____ | _____ | _____ | <input type="checkbox"/> CLINICAL? <input type="checkbox"/> FULL TIME? |
| Institution | Title | Inclusive Dates | |
| _____ | _____ | _____ | <input type="checkbox"/> CLINICAL? <input type="checkbox"/> FULL TIME? |
| Institution | Title | Inclusive Dates | |

HOSPITAL APPOINTMENTS (BEGIN WITH CURRENT):

| | |
|-------------|-----------------|
| _____ | _____ |
| Institution | Inclusive Dates |
| _____ | _____ |
| Institution | Inclusive Dates |

RECOMMENDATION:

Surgeon Colleague: _____ Email: _____

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: _____

CHECKLIST FOR REQUIRED DOCUMENTS TO COMPLETE APPLICATION:

- A signed, fully completed application form –(or complete an online application at www.sages.org)
- A copy of your current medical license
- A copy of your certificate from the American Board of Surgery, the American Board of Osteopathic Surgery, the American College of Surgeons or the Royal College of Surgeons
- A letter from a surgical colleague who is familiar with your surgical practice
- Application fee of \$100 (or provide Promo Code)

PROMO CODE: _____

PLEASE FIND ENCLOSED MY \$100 USD APPLICATION FEE:

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

I authorize you to charge my:    

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 Active members are \$350. Dues are invoiced AFTER acceptance into membership