



# SAGES

Society of American Gastrointestinal and Endoscopic Surgeons

APPLICATION FOR **AFFILIATE** 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

### AFFILIATE MEMBERSHIP REQUIREMENTS:

- This membership category is appropriate for Nurses, RNFAs, Nurse Practitioners, Physician Assistants, Surgical Educators, Engineers, and others devoted to a career in healthcare and actively participating in the practice of, or research in, endoscopic or minimal access surgery.

Application Date: \_\_\_\_\_

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  PhD  RN  BSN  LPN  CNRP  MA  NP  PA-C  Other Degrees: \_\_\_\_\_

Professional Title: \_\_\_\_\_ Primary Health Specialty: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

(Company or Organization or Institution Name)

(Department)

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 (COMPLETE ANY APPLICABLE TO YOUR EDUCATION):**

College/University: Institution	Degree	Date Awarded

Medical/Nursing School: Institution	Degree	Date Awarded

Other Applicable Training: Institution	Degree	Date Awarded

**MEDICAL LICENSURE:**

Issuing Body	Registry Number	Expiration Date

 A license is not issued in my profession.Has your medical license ever been suspended or revoked in any state?  Yes  NoHave your privileges ever been suspended or changed?  Yes  No**BOARD CERTIFICATION:** A certificate is not issued in my profession. I am Board certified by: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_**Current job position description:** \_\_\_\_\_**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:** \_\_\_\_\_**CHECKLIST FOR REQUIRED DOCUMENTS TO COMPLETE APPLICATION:** A signed, fully completed application form (or complete an online application at <https://www.sages.org/membership/affiliate/>)**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 Affiliate members are \$150. Dues are invoiced AFTER acceptance into membership. **(No application fee is required).**