



SAGES

Society of American Gastrointestinal and Endoscopic Surgeons
APPLICATION FOR **ASSOCIATE 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

ASSOCIATE 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 an American Surgical Specialty Board (other than 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) that is a member of the American Board of Medical Specialties and appropriate to applicant's specialty practice, or certification in gastroenterology by the American Board of Internal Medicine, or appropriate equivalent specialty certification by the Royal College of Physicians and Surgeons of Canada.

PLEASE TYPE OR PRINT CLEARLY Application Date: _____

Title: Mr. Mrs. Miss Ms. Mx.

APPLICANT'S FULL NAME:

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

Suffix: Jr. II III IV

MD PhD 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 _____
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Medical School: Institution _____	Degree _____	Date Awarded _____
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Postgraduate Training: Institution _____	Degree _____	Date Awarded _____
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Internship: Institution _____	Program Director _____	Inclusive Dates _____
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Residency: Institution _____	Program Director _____	Inclusive Dates _____
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Fellowship: Institution _____	Program Director _____	Inclusive Dates _____
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Other: Institution _____	Program Director _____	Inclusive Dates _____
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MEDICAL LICENSURE:

State _____	Registry Number _____	Expiration Date _____
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Has your medical license ever been suspended or revoked in any state? Yes No

Have your privileges ever been suspended or changed? Yes No

BOARD CERTIFICATION:

Certified by an American Surgical Specialty Board Certificate #: _____ Specialty: _____

Certified by the American Board of Internal Medicine Certificate # _____ Specialty: _____

Certified by the Royal College of Physicians and Surgeons of Canada Certificate # _____ Specialty: _____

FELLOWSHIPS and MEMBERSHIPS:

AMA ASGE AUA ASCRS AAGL AWS SBAS Other _____

ACADEMIC APPOINTMENTS (BEGIN WITH CURRENT):

			<input type="checkbox"/> CLINICAL?	<input type="checkbox"/> FULL TIME?
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Institution _____	Title _____	Inclusive Dates _____		
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			<input type="checkbox"/> CLINICAL?	<input type="checkbox"/> FULL TIME?
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Institution _____	Title _____	Inclusive Dates _____		
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			<input type="checkbox"/> CLINICAL?	<input type="checkbox"/> FULL TIME?
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Institution _____	Title _____	Inclusive Dates _____		
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HOSPITAL APPOINTMENTS (BEGIN WITH CURRENT):

Institution _____	Inclusive Dates _____
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Institution _____	Inclusive Dates _____
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Institution _____	Inclusive Dates _____
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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: _____

RECOMMENDATION:

Surgeon Colleague _____ Email: _____


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 letter from a surgical colleague who is familiar with your endoscopic 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 Associate Active members are \$350. Dues are invoiced AFTER acceptance into membership.