



SAGES

Society of American Gastrointestinal and Endoscopic Surgeons

APPLICATION FOR **MEDICAL STUDENT** MEMBERSHIP

SAGES Membership Services
11300 W Olympic Blvd #600
Los Angeles CA 90064
Phone: 310-437-0544 ext. 110
Fax: 310-424-3398
Email : membership@sages.org
Web Site : www.sages.org

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: _____

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

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

(Company or Organization or Institution Name)

(Department)

ADDRESS: ☐ BUSINESS ☐ HOME

(Street Address)

(Suite or Room 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	Year Awarded
Medical School: Institution	Degree	Year Awarded
Other Applicable Training: Institution	Begin Year	End Year

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 the online application at www.sages.org)
- ☐ **Proof of Medical School Enrollment (or Medical Student ID)**
- ☐ \$40 application fee (or Promo Code)

PROMO CODE: _____**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: ☐  ☐  ☐  ☐ 

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

Cardholder Name: _____ Signature: _____

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. 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 Students will be notified of Candidate Membership upgrade via email. Please remember to update your contact information as needed.