



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: Sr. 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)

MEDICAL LICENSURE:

State

Registry Number

Expiration Date

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 the American Board of Surgery

Certificate #: _____ Exp Date: _____

Certified by the American Board of Osteopathic Surgery

Certificate #: _____ Exp Date: _____

Fellow of the American College of Surgery

Certificate #: _____ Exp Date: _____

Fellow of the Royal College of Surgeons

Certificate #: _____ Exp Date: _____

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

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 \$390. Dues are invoiced AFTER acceptance into membership