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
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? ☐ 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):

Institution	Title	Inclusive Dates	☐ CLINICAL? ☐ FULL TIME?
Institution	Title	Inclusive Dates	☐ CLINICAL? ☐ FULL TIME?
Institution	Title	Inclusive Dates	☐ CLINICAL? ☐ FULL TIME?

HOSPITAL APPOINTMENTS (BEGIN WITH CURRENT):

Institution	Inclusive Dates
Institution	Inclusive Dates
Institution	Inclusive Dates

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: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

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 $390. Dues are invoiced AFTER acceptance into membership.