

SAGES

Society of American Gastrointestinal and Endoscopic Surgeons APPLICATION FOR INTERNATIONAL 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

INTERNATIONAL MEMBERSHIP REQUIREMENTS:

- Surgeons or gastrointestinal endoscopists who reside in a country other than the United States, Canada or Puerto Rico, or practice in the USA who do not meet qualifications for Active/Associate Active membership having trained outside the USA, Canada or Puerto Rico.
- License to practice medicine in his/her province or country.
- Surgical Board certificate or official document to practice surgery in the country which he/she practices/trained.

Application Date:	Γitle: ☐ Mr. ☐ Mrs. ☐ Mis	s 🗆 Ms. 🗆 Mx.
APPLICANT'S FULL NAME:	PLEASE TYPE OR PRINT CLE	EARLY
(LAST/FAMILY NAME)	(FIRST/GIVEN NAME)	(MIDDLE NAME OR INITIAL)
Suffix: \Box Jr. \Box II \Box III \Box IV		
☐ MD ☐ PhD ☐ Other Degrees:		-
Date of Birth (month/day/year):		
(Company or Organization or Institution Nam	ne)	
(Department)		(Title)
ADDRESS: ☐ BUSINESS ☐ HOME		
(Street Address)	(Suite	or Apartment or Building or PO Box)
(City) (State/Pro	ovince) (Zip/P	ostal 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 Awa	arded
Medical School: Institution	Degree	Date Awa	arded
Postgraduate Training: Institution	Degree	Date Awa	arded
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:			
Country Registr	y Number	Expiratio	n Date
Has your medical license ever been suspended or revoked? Have your privileges ever been suspended or changed?	□ Yes □ Yes	□ No □ No	
BOARD CERTIFICATION: ☐ Certification or Official Documentation to practice surgery	Certificate #	Exp Date:	
FELLOWSHIPS and MEMBERSHIPS: CAGS EAES ELSA FELAC/ALACE GSA JSES	□ IPEG □ AWS □ SBA	S □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

•	ding this application and my qualifications for membership that will be
Applicant's Signature:	
RECOMMENDATION: (Please provide name and email bel	ow and we will contact on your behalf)
Surgeon Colleague:	Email:
CHECKLIST FOR REQUIRED DOCUMENTS TO COMPL	LETE APPLICATION: [**ENGLISH Translation]
\square A signed, fully completed application form (or complete the \square A copy of your current medical license for the Country in wh \square A copy of your surgical certificate or other official document	ich you practice **
	nip Committee meets quarterly, in January, March/April, July, and
October, to consider new members. Applications must be com	plete one month prior to final approval meeting dates.

ANNUAL MEMBERSHIP DUES: Dues are invoiced AFTER acceptance into membership. Annual dues for International Tier 1

members are \$390. Tier 2 dues are \$135, Tier 3 dues are \$70, Tier 4 dues are \$50.

TIER 1 COUNTRIES TIER 2 COUNTRIES **TIER 3 COUNTRIES** Kyrgyz Republic **TIER 4 COUNTRIES** Aruba Andorra Afghanistan Albania Laos PDR Australia Argentina Algeria Benin Lebanon Austria Barbados American Samoa Burkina Faso Lesotho Bahrain British Virgin Islands Angola Burundi Libya Belgium Croatia Anguilla Central African Republic Macedonia Bermuda Cyprus Antigua and Barbuda Malaysia Chad Brunei Czech Republic Armenia Comoros Maldives **Equatorial Guinea** Azerbaijan Congo, Democratic Republic of Canada Marshall Islands Cayman Islands Estonia Bahamas, The Eritrea Mauritania Denmark French Polynesia Bangladesh Ethiopia Mayotte Falkland Islands (Islas Malvinas) Belarus Gambia Israel Micronesia Faroe Islands Korea, South Belize Guinea Moldova Finland Haiti Latvia Bhutan Mongolia France Lithuania Bolivia Liberia Montserrat Germany Malta Bosnia and Herzegovina Madagascar Morocco Malawi Gibraltar Martinique Botswana Myanmar Greenland Maturités Brazil Mali Namibia Guam Bulgaria Mozambique Mexico Nauru Guernsey **Netherlands Antilles** Burma Nepal Nicaragua Hong Kong Cabo Verde (Cape Verde) New Caledonia Niger Nigeria Iceland Northern Mariana Cambodia North Korea Niue Ireland Islands Cameroon Pakistan Palau Italy Poland Chile Panama Paraguay Japan Portugal China Rwanda Papua New Guinea Puerto Rico Senegal Jersey Colombia Peru Kuwait Reunion Congo Sierra Leone Philippines Russian Federation Liechtenstein Cook Islands Somalia Romania Luxembourg Seychelles Costa Rica South Sudan Russia Slovakia Côte d'Ivoire S. Georgia, S. Sandwich Islands Syrian Arab Republic (Syria) Macau Man, Isle of Slovenia Cuba Tajikistan Sao Tome and Principe Monaco Djibouti Tanzania Spain Serbia and Montenegro Togo Netherlands Trinidad and Tobago Dominica Solomon Islands Uganda New Zealand Dominican Republic South Africa Yemen Norway East Timor Sri Lanka Zimbabwe Oman Ecuador St Helena Qatar Egypt St Kitts and Nevis San Marino El Salvador St Lucia Saudi Arabia Fiji St Pierre and Miguelon Singapore French Guiana St Vincent/Grenadines Sweden French Southern Territories Sudan Switzerland Gabon Suriname Taiwan Gaza Strip Swaziland **United Arab Emirates** Georgia Thailand United Kingdom Ghana Timor-Leste (East Timor) Greece **United States** Tokelau Virgin Islands Grenada Tonga Guadeloupe Tunisia Guatemala Turkev Guinea-Bissau Turkmenistan Guyana Turks and Caicos Islands Honduras Tuvalu Hungary Ukraine India Uruguay Indonesia Uzbekistan Iran Vanuatu Iraq Venezuela Jamaica Vietnam Jordan Wallis and Futuna Islands Kazakhstan West Bank/Gaza Kenya Yugoslavia Kiribati Zambia Kosovo