



The American Geriatrics Society Membership Application

[] New AGS Member [] Renewing AGS Member

Applicant Name AGS ID #
First Name Middle Initial Last Name Degree (MD, DO, etc) (if known)
Mailing Address Phone & Email
Street and Number [] Work Phone Number
City State Zip [] Home Fax Number
Organization Title Date of Birth Email Address (required for MyAGS and JAGS online)
If an AGS member recruited you, please print his/her Name Recruiting Member's Email Address (if known)

AGS 2017 Membership is valid for one year from join/renew date.

Emeritus

1 Year \$90.00
2 Years \$180.00

Fellow-in-Training*

1 Year \$120.00

Nurse/Nurse Practitioner

Other Health Care Professional
1 Year \$322.00
2 Years \$645.00

Pharmacist

1 Year \$322.00
2 Years \$645.00

Physician

1 Year \$415.00
2 Years \$830.00

Physician Assistant

1 Year \$322.00
2 Years \$645.00

Recognized +

1 Year \$234.00

Resident, Post Grad/Pre-Con Trainee *

1 Year \$102.00

Social Worker

1 Year \$322.00
2 Years \$645.00

Specialist**

1 Year \$323.00

Student*

1 Year \$78.00

* Members must complete verification data on Page 2

+ Members who have returned to school full-time, 1 yr only

** New Geriatrics for Specialists Initiative specialist, 1 yr only

Discipline
[] Medicine [] Nurse/Nurse Practitioner [] Pharmacist [] Physical or Occupational Therapist
[] Physician Assistant [] Social Worker [] Other Professional

Certification Information
Primary Specialty
[] Emergency Medicine [] Family Medicine [] Geriatric Medicine
[] Internal Medicine [] Miscellaneous/Other, please specify
Certifying Agency Specialty Year Certified Recertified Year Recertified



Applicant Name _____ AGS ID # _____

*Verification Information for Fellows-in-Training, Residents and Student Members
Please complete appropriate section

[] Fellow
Program Name _____
Fellowship Program Start Date _____ End Date _____
Fellowship Program Director Name _____ Email _____
[] Resident [] Post-Graduate
Program Name _____
Residency Training Start Date _____ End Date _____
Dean/Chair/Director Name _____ Email _____
[] Student Member [] Recognized Member (Members who have returned to school full-time, 1 yr only)
Student Type: [] Medical [] Undergraduate Nursing [] Graduate Nursing [] Pharmacy [] Other
School/Program _____
Matriculation Date _____ Graduation Date _____
Faculty Advisor Name _____ Email _____

AGS Member Services

[] Yes, I would like my information published in the FHA Geriatrics Healthcare Professional Referral Service

Referral Address

Referral Phone & Email

Street and Number _____ [] Work Phone Number _____
City State Zip _____ [] Home Fax Number _____
Organization Title _____

- [] No, I would not like to receive hard copy mailings of the AGS Journal (JAGS)
[] No, I would not like to receive hard copy mailings of American Journal of Geriatric Pharmacotherapy, Annals of Long-Term Care and Clinical Geriatrics
[] No, I would not like to receive weekly listserv email updates

Voluntary Contribution

To the AGS Foundation for Health in Aging To the Student Researcher Fund
\$25 \$50 \$75 Other \$25 \$50 \$75 Other

[] Enclosed is my check payable to: The American Geriatrics Society
[] Please charge to: ___ Visa ___ MasterCard ___ American Express ___ Discover
Credit Card Number: _____ Exp. Date: _____
Signature: _____ Date: _____
(Required in order to process the credit card transaction)

Please complete and return with payment to:

The American Geriatrics Society
40 Fulton St, 18th Floor
New York, NY 10038
(212) 832-8646 (fax)

For questions or comments:

Please call (212) 308-1414 or (800) 247-4779
and ask for the Membership Department

To Join/Renew online:

www.americangeriatrics.org
(click Join/Renew; credit card required)