

JOIN AGA AND *invest* IN YOUR FUTURE.

Stay Up-to-Date WITH THE LATEST GI NEWS AND RESEARCH.

- **Clinical Gastroenterology and Hepatology (CGH):** (DISCOUNT FOR MEMBERS) Official monthly clinical practice journal of the AGA Institute.
- **Gastroenterology:** (DISCOUNT FOR MEMBERS) Leading monthly journal in the field of GI.
- **GI & Hepatology News:** Official newspaper of the AGA Institute providing commentary about clinical developments and the impact of health-care policy.
- **AGA eDigest:** Weekly e-newsletter covering important topics and news from the AGA Institute.
- **AGA Perspectives:** Bimonthly magazine where experts debate today's most controversial GI topics. Sponsored by Gilead.
- **AGA Today in Medicine:** Daily news feed featuring the day's top headlines.
- **www.gastro.org:** Access members-only resources and stay connected all day, every day.


Connect and Engage AND GAIN ACCESS TO GI THOUGHT LEADERS AND DEVELOP NEW BUSINESS OPPORTUNITIES.

- **AGA Community:** A private, members-only forum, directory and resource library.
- **Social Media:** Interact with AGA through a variety of social networks.
- **Digestive Disease Week® (DDW):** (DISCOUNT FOR MEMBERS) The world's largest gathering of GI professionals and one of the top 50 medical meetings.
- **AGA Corporate Roundtable:** Engages corporate and AGA leaders in discussion regarding scientific advancements, policy, legislation and other issues and opportunities that impact the science and practice of gastroenterology and hepatology.
- **AGA Center for GI Innovation and Technology:** Coalition of physicians, medical device companies, regulatory groups and venture capitalists who identify unmet needs in gastroenterology and highlight promising new technologies.
- **AGA Center for Diagnostics and Therapeutics:** Accelerates the development and availability of drugs and diagnostics that represent meaningful advances in the care of patients with digestive diseases.
- **Advertising and Sponsorship:** Highlight your company through numerous digital and print channels.
- **GI CareerSearch.com:** AGA Institute's premier online career center to fill or find a position.


Connect with AGA

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Join the Discussion

 community.gastro.org

Eligibility Requirements and Dues

Membership is open to anyone working in a health-care industry related to gastroenterology who would not otherwise be eligible for any other category of membership.

One-time application fee: \$40

Annual dues: \$300

OPTIONAL BENEFITS (U.S., Canada, Mexico)

Clinical Gastroenterology and Hepatology:
\$47/year (Regularly \$398)

Gastroenterology:
\$181/year (Regularly \$711)

OPTIONAL BENEFITS (International)

Clinical Gastroenterology and Hepatology:
\$76/year (Regularly \$486)

Gastroenterology:
\$275/year (Regularly \$968)

QUESTIONS ?

Contact AGA Member Relations at 301-941-2651 or send an email to member@gastro.org.

www.gastro.org/sign-up



2018 CORPORATE PROFESSIONAL MEMBERSHIP APPLICATION

Application Fee (payable with application) \$40 **2018 Dues** \$300/year

Date ____/____/____
(MM/DD/YYYY)

Optional Benefit Add *Gastroenterology* (\$181/year, U.S., Canada, Mexico; \$275/year, International)

Add *Clinical Gastroenterology and Hepatology* (\$47/year, U.S., Canada, Mexico; \$76/year, International)

Personal Information

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

SUFFIX _____ JOB TITLE _____

Current Degree(s): LPN RN MS MSN BA BS BSN RD PharmD MD PhD Other _____

Preferred Mailing Address: Home Work

COMPANY NAME _____

WORK ADDRESS _____

CITY _____ STATE/PROV _____ ZIP/POSTAL CODE _____ COUNTRY _____

WORK PHONE _____ WORK FAX _____ EMAIL ADDRESS (REQUIRED FOR WEBSITE LOGIN) _____

HOME ADDRESS _____

CITY _____ STATE/PROV _____ ZIP/POSTAL CODE _____ COUNTRY _____

HOME PHONE _____ HOME FAX _____ ALTERNATE EMAIL ADDRESS _____

Education

COLLEGE _____ DEGREE TYPE _____ DATE GRADUATED (MM/DD/YYYY) _____

MEDICAL (OR OTHER PROFESSIONAL) SCHOOL _____ DEGREE TYPE _____ DATE GRADUATED (MM/DD/YYYY) _____

Demographics Are of Hispanic or Latino background: Yes No Prefer not to respond

Race (Mark all that apply): Black/African American American Indian/Alaskan Native Asian
 Native Hawaiian/Pacific Islander White Prefer not to respond

Sex: Male Female

Date of Birth (required): ____/____/____
(MM/DD/YYYY)

Required: Please provide a brief description of your affiliation to gastroenterology.

Applicant Signature (required)

I authorize AGA to obtain information from societies, hospital staff, members and any other source regarding this application and my qualifications for membership. This information, whether or not solicited by AGA, may be kept confidential by AGA. I certify that the above information is accurate.

SIGNATURE _____ PLEASE PRINT NAME _____

Payment

Membership period is Jan. 1–Dec. 31. Annual dues will be **prorated** based on acceptance date. You can find the proration chart at www.gastro.org/membership. **Payment of the application fee and current dues must be provided at time of submission. New members will not be activated without full payment.**

My check is enclosed in U.S. dollars, payable to AGA.


CHECK # _____ CHECK AMOUNT _____

Visa Mastercard American Express

NAME ON CARD _____ CARD NUMBER _____ CVV _____

EXPIRATION DATE _____ AMOUNT _____ SIGNATURE _____

Three ways to submit your application:

 **Mail**
AGA Member Relations Department
4930 Del Ray Ave.
Bethesda, MD 20814-2513

 **Fax**
301-654-5920

 **Email**
member@gastro.org