

JOIN AGA AND *invest* IN YOUR FUTURE.

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

- **Clinical Gastroenterology and Hepatology (CGH):** Official monthly clinical practice journal of the AGA Institute.
- **Gastroenterology:** 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. Early career GIs receive access to a quarterly supplement, *The New Gastroenterologist*, which focuses on needs of early career GIs.
- **Cellular and Molecular Gastroenterology and Hepatology (CMGH):** Online open-access, peer-reviewed journal publishing cutting-edge digestive biology research.
- **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 WITH COLLEAGUES WHO SHARE YOUR PASSIONS AND FACE SIMILAR CHALLENGES.

- **AGA Community:** A private, members-only forum, directory and resource library.
- **Section Affiliations:** Thirteen special interest groups. AGA members can join up to six.
- **Committees:** Groups of volunteer members assigned a mission and set of responsibilities associated with a particular area within the association. You must apply or be nominated for a committee appointment.
- **AGA Academy of Educators:** The home for educators within AGA.
- **Social Media:** Interact with AGA through a variety of social networks.
- **AGA Young Delegates:** A group of engaged GIs gaining experience through work on short-term AGA initiatives.

Improve Your Skill Set WITH ACCESS TO A VARIETY OF EDUCATIONAL OPPORTUNITIES OFFERED FREE OR AT A DISCOUNT.

- **CME and MOC:** Maintain certification through member discounts on a variety of educational resources.
- **DDSEP® 8:** A diverse learning platform that allows you to prepare for the GI board exam, assess your knowledge and keep current on GI advances.
- **Digestive Disease Week® (DDW):** The world's largest gathering of GI professionals and one of the top 50 medical meetings.
- **AGA Postgraduate Course:** AGA Institute's flagship educational course covering both basic science and clinical topics.
- **GastroSlides:** Access to an image repository covering GI and liver disease topics.

JOIN AGA AND *save.*

Feature	Savings
CGH	\$398
Gastroenterology	\$711
GI & Hepatology News	\$230
DDSEP® 8	\$200
DDW	\$440
Total	\$1,979

Journal prices are 2018 rates.

Connect with AGA

 /AmerGastroAssn

 /AmerGastroAssn

 /AmerGastroAssn

Join the Discussion

 community.gastro.org

* Eligible physicians must have completed their GI fellowship program within the last three years to receive complimentary access.

www.gastro.org/sign-up



Advance Your Career WITH A VARIETY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES.

- **Publish with AGA:** Submit your research for publication in AGA's premier journals and your abstracts for consideration for presentation at DDW.
- **Research and Travel Awards:** Find nearly \$2.5 million in research funding to encourage basic, clinical and translational discovery in GI and hepatology.
- **GI CareerSearch.com:** AGA Institute's premier online career center to fill or find a position.

Raise Your Voice ON CAPITOL HILL WITH AGA ADVOCACY AND POLITICAL ACTION COMMITTEE.

- **Mission:** Works closely with government and regulatory agencies to ensure the needs of GIs are being met.
- **Agenda:** Develops and implements a rigorous public policy agenda, including issues relating to all aspects of GI.
- **AGA PAC:** The only political action committee supported by a national gastroenterology society.

Thrive IN THE NEW WORLD OF ACCOUNTABLE CARE.

- **PatientINFO Center:** A collection of patient education materials to enhance patient understanding and the care you provide.
- **AGA Roadmap to the Future of GI:** Program created to deliver high-value care, demonstrate quality and maximize revenue.
- **Clinical Guidelines:** Evidence-based recommendations that help guide clinical practice decisions. Also available as a mobile app.

Eligibility Requirements and Dues

Membership is open to physicians, surgeons, scientists and other persons residing in North America (U.S., Canada and Mexico) who have: a demonstrated, continued interest in gastroenterology and have appropriate qualifications, certification and/or credentials in gastroenterology, gastroenterology education and/or graduate training (MD, PhD, ScD, DVM, DO or equivalent).

Annual dues

(BASED ON GI TRAINING COMPLETION DATE)

January–December 2017 \$145

January–December 2016 \$245

January–December 2015 \$295

Before 2015 \$395

FOR MEXICO RESIDENTS ONLY

International Corresponding Membership – Category I

One-time application fee: \$25

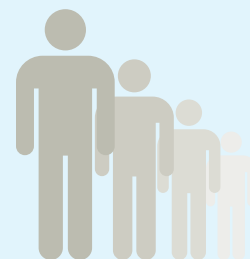
Annual Dues: \$205

QUESTIONS?

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

Welcome to AGA

Founded in
1897



More than
16,000
members dedicated to
IMPROVING
DIGESTIVE HEALTH

13 SECTION
AFFILIATIONS
special interest groups
AMONG AGA MEMBERS

10 MEMBER TYPES
REPRESENTING *every facet of*
GASTROENTEROLOGY

the number of social
NETWORKING SITES TO **4**
CONNECT WITH AGA

21 COMMITTEES
PLAYING AN ACTIVE ROLE IN
AGA's decision-making process

1 MISSION:
to Advance the Science and Practice
OF GASTROENTEROLOGY

FULL MEMBERSHIP APPLICATION

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

Application Fee (Payable with application): \$40

2018 Dues (Based on GI training completion date): Jan.–Dec. 2017: \$145 Jan.–Dec. 2016: \$245 Jan.–Dec. 2015: \$295 Before 2015: \$395

MEXICO RESIDENTS ONLY — International Corresponding Member Option (Journal subscriptions available online only): Application Fee: \$25 Category I: \$205

Personal Information

FIRST NAME MIDDLE NAME LAST NAME

SUFFIX JOB TITLE

Current Degree(s): MD or equivalent PhD or equivalent DO DVM 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 AND VOTING FOR AGA OFFICERS)

HOME ADDRESS

CITY STATE/PROV ZIP/POSTAL CODE COUNTRY

HOME PHONE HOME FAX ALTERNATE EMAIL ADDRESS

Education (required)

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

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

Training (required)

RESIDENCY: NAME OF INSTITUTION COMPLETION DATE (MM/DD/YYYY)

GASTROENTEROLOGY: NAME OF INSTITUTION COMPLETION DATE (MM/DD/YYYY)

OTHER: NAME OF INSTITUTION COMPLETION DATE (MM/DD/YYYY)

Board Certification (U.S. applicants only)

American Board of Internal Medicine or American Osteopathic Board of Internal Medicine

CERTIFICATION # DATE OF CERTIFICATION (MM/DD/YYYY)

Subspecialty Board in Gastroenterology

CERTIFICATION #

NATIONAL PROVIDER IDENTIFIER (NPI) (IF APPLICABLE)

Medical License (required if applicable)

NAME AS IT APPEARS ON MEDICAL LICENSE MEDICAL LICENSE NUMBER

LICENSE CITY AND STATE/COUNTRY NATIONAL ID NUMBER (CANADA)

EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES NUMBER (FOR GRADUATES OF FOREIGN MEDICAL SCHOOLS ONLY)

NATIONAL PROVIDER IDENTIFIER (NPI) (IF APPLICABLE)

Required: Has any action in any jurisdiction been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation or any other sanctions or conditions imposed upon a licensee. **Note: Any significant misstatements or omissions from this application shall constitute cause for denial/revocation of AGA membership.** Yes (please attach explanation) No

2018 MEMBERSHIP FOR MDS, PHDS, DVMS IN NORTH AMERICA

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)

Professional Activity: Indicate the percentage of time you spend in each of the following professional activities (total should not exceed 100 percent):

_____ % patient care _____ % research: basic or translational _____ % research: clinical _____ % teaching
_____ % administrative: management _____ % industry _____ % other _____

Which of the following best describes your primary work setting?

- Physician-owned practice Hospital-owned practice Jointly owned physician/hospital practice
 Academic institution with primary mission of teaching/research Hospital/health system Locum tenens/independent contractor
 Pharmaceutical or medical device company Other _____

If you are in a physician-owned or hospital-owned practice, please answer the following questions:

How many gastroenterologists are in your practice? _____ How many non-GI physicians are in your practice? _____
How many nurse practitioners/physician assistants are in your practice? _____ If you are in a physician-owned practice, are you an owner? Yes No

Subspecialty: General GI, including liver disease General GI, but not liver disease Primarily liver disease Pediatric gastroenterology
 GI surgery Other

AGA Section Affiliations: Choose up to six sections to belong to: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

- | | | |
|---|---------------------------------------|--|
| A. Clinical Practice | E. Liver & Biliary | I. Immunology, Microbiology & IBD |
| B. Esophageal, Gastric & Duodenal Disorders | F. Gastrointestinal Oncology | J. Cellular and Molecular Gastroenterology |
| C. Basic and Clinical Intestinal Disorders (BCID) | G. Neurogastroenterology & Motility | K. Obesity, Metabolism & Nutrition |
| D. Pancreatic Disorders | H. Growth, Development & Child Health | L. Imaging, Endoscopy & Advanced Technology (IEAT) |

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