

# 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** 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.
- **Social Media:** Interact with AGA through a variety of social networks.
- **GI Career Search.com:** AGA Institute's premier online career center to fill or find a position.

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

- **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.
- **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.
- **GastroSlides:** Access our extensive image repository covering GI and liver disease topics.

## **Thrive** IN THE NEW WORLD OF ACCOUNTABLE CARE.

- **Clinical Service Lines:** Supports practices in delivering high-quality, cost-efficient care to patients. Available for colorectal cancer screening and surveillance, IBD and hepatitis C.
- **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. Available as a mobile app.

### Eligibility Requirements and Dues

Membership is open to persons residing in North America who have demonstrated a continued interest in gastroenterology with appropriate qualifications, certification or credentials and who would not be eligible for any other category of membership.

Note: If you are a nurse practitioner or physician assistant, information on applying for AGA membership is available online at [www.gastro.org/membership](http://www.gastro.org/membership).

**One-time application fee: \$40**

**Annual dues: \$175**

### OPTIONAL BENEFITS

*Clinical Gastroenterology and Hepatology:* \$47/year (Regularly \$398)  
*Gastroenterology:* \$181/year (Regularly \$711)

### QUESTIONS?

Contact AGA Member Relations at 301-941-2651 or send an email to [member@gastro.org](mailto:member@gastro.org).

[www.gastro.org/sign-up](http://www.gastro.org/sign-up)



# 2018 NURSE & ALLIED HEALTH PROFESSIONAL APPLICATION

**Application Fee** (payable with application)  \$40    **2018 Dues**  \$175/year

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

**Optional Benefit**  Add *Clinical Gastroenterology and Hepatology* (\$47/year)     Add *Gastroenterology* (\$181/year)

## Personal Information

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

SUFFIX \_\_\_\_\_ JOB TITLE \_\_\_\_\_

**Current Degree(s):**  LPN    RN    MS    MSN    BA    BS    BSN    RD    PharmD    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 (required)

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

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

MEDICAL LICENSE NUMBER (REQUIRED IF APPLICABLE) \_\_\_\_\_ STATE OF LICENSE \_\_\_\_\_ OCCUPATION/FIELD OF LICENSE \_\_\_\_\_

NATIONAL PROVIDER IDENTIFIER (NPI) (IF APPLICABLE) \_\_\_\_\_

**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)

## 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](http://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](mailto:member@gastro.org)