

JOIN AGA AND *invest* IN YOUR FUTURE.

Stay Up-to-Date WITH THE LATEST GI NEWS AND 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.
- **GI & Hepatology News:** Official newspaper of the AGA Institute providing commentary about clinical developments and the impact of health-care policy.
- **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 CareerSearch.com:** AGA Institute's premier online career center to fill or find a position.

Save Money BY TAKING ADVANTAGE OF SPECIAL DISCOUNTS WITH AGA PARTNERS.

- **UpToDate®** is an evidence-based, physician-authored clinical knowledge resource trusted by more than 850,000 clinicians in more than 164 countries to make the right point-of-care decisions. AGA members receive an exclusive 14-day free trial.
- **Epocrates® Resources** provide point-of-care access to up-to-date information on drugs, diseases and diagnostics. AGA members save 20 percent.
- **Commonbond** is a leader in student lending helping you reduce your student loans.

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. Available as a mobile app.

Eligibility Requirements and Dues

One-time application fee: \$25

Annual dues:

GI physician in the practice **is** an AGA member: \$100

GI physician in the practice **is not** an AGA member: \$150

QUESTIONS?

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

www.gastro.org/sign-up



2018 PRACTICE MANAGER & ADMINISTRATOR APPLICATION

Application Fee (Payable with application): \$25

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

2018 Dues (Amount is based on whether a physician in your practice is an AGA member. Please check the appropriate box.)

- None of the physicians in my practice are AGA members: \$150
 A physician in my practice is an AGA member: \$100

NAME OF AN AGA-MEMBER PHYSICIAN AFFILIATED WITH YOUR PRACTICE _____

Personal Information

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

SUFFIX _____ JOB TITLE _____

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 _____

HOME PHONE _____ HOME FAX _____ ALTERNATE EMAIL ADDRESS _____

NATIONAL PROVIDER IDENTIFIER (NPI) (IF APPLICABLE) _____

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

Sex: Male Female

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

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

How many offices/sites does your practice have? ____ **Does your practice operate an ambulatory surgery center?** Yes No

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

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