

JOIN AGA AND *invest* IN YOUR FUTURE.

Member Benefit Highlights

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.
- **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 Mentor and Advisor Program:** Informal career advice and networking opportunities, including one-on-one mentoring and an advisory forum.
- **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.

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

- **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.
- **AGA Gastroenterology Training Examination and Post-Exam Resources:** Educational assessment tool designed to measure the progress of training and promote continuous improvement, elevate competence and develop a plan of study.
- **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.
- **And many more.** Visit www.gastro.org/education to view all programs and products.

JOIN AGA AND *save.*

Feature	Savings
<i>CGH</i>	\$266
<i>Gastroenterology</i>	\$562
<i>GI & Hepatology News</i>	\$230
DDSEP® 8	\$520
DDW	\$265
Total	\$1,843

Journal prices are 2018 rates.

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.

Prepare FOR A FUTURE IN GASTROENTEROLOGY.

- **Resources for GI Fellows and Fellowship:** Resources you need to help you navigate GI training and beyond.
- **Nutrition Toolkit Series:** Online modules designed to prepare fellows for treating and managing obesity and nutrition-related issues affiliated with to GI disorders.

Eligibility Requirements and Dues

Membership is open to any person residing outside North America who is a resident, fellow, trainee or scientist in a postdoctoral specialty training program in gastroenterology under the supervision of a member, international member or other person whose qualifications are acceptable to AGA.

Annual dues: \$150

QUESTIONS?

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

Connect with AGA

 /AmerGastroAssn  /AmerGastroAssn

 /AmerGastroAssn

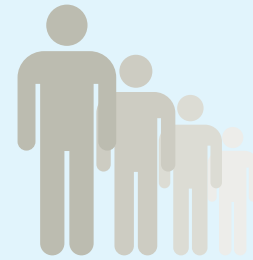
Join the Discussion

 community.gastro.org

Welcome to AGA

Founded in
1897

13 SECTION
AFFILIATIONS
special interest groups
AMONG AGA MEMBERS



More than

16,000
members dedicated to
IMPROVING
DIGESTIVE HEALTH

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

2018 INTERNATIONAL TRAINEE APPLICATION

Trainee year is July 1–June 30.

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

2018 Dues International Trainee (\$150/year)

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)

HOME ADDRESS

CITY STATE/PROV ZIP/POSTAL CODE COUNTRY

HOME PHONE HOME FAX ALTERNATE EMAIL ADDRESS

Education (required)

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

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

Training (required)

Current Training End Date (required) ____/____/____
(DD/MM/YYYY)

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

What year of training are you in?: 1st Year 2nd Year 3rd Year 4th Year Other _____

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

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

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

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)

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 INTERNATIONAL TRAINEE MEMBERSHIP

Demographics

Sex: Male Female **Date of Birth** (required): ____/____/____
(DD/MM/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

Program Director Signature (required)

All applications for trainee/international trainee membership must have the signature of the trainee's program director. If the program director is not an AGA member, the application also must have the signature of an AGA member. By signing below, the individual verifies, to the best of his/her knowledge, that the applicant meets the requirements of AGA membership.

I, _____ verify that Dr. _____ is a resident/trainee at _____

PRINT NAME OF INSTITUTION

PROGRAM DIRECTOR (SIGNATURE)

PLEASE PRINT NAME

If your program director is not an AGA member, please provide a nominating signature from a current AGA member (this cannot be a trainee).

AGA NOMINATED BY (SIGNATURE)

PLEASE PRINT NAME

Payment

Membership period is July 1–June 30. Annual dues will be **prorated** based on acceptance date. You can find the proration chart at www.gastro.org/membership. **Payment of the 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

CWV

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