

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.
- **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, member-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 the 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.

- **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.
- **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.

JOIN AGA AND *save*.

Feature	Savings
CGH	\$486
Gastroenterology	\$968
DDW	\$ 440
DDSEP® 8	\$200
Total	\$ 2,094

Journal prices are 2018 rates.


Connect with AGA

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Join the Discussion

 community.gastro.org

* Online subscriptions for international corresponding member — category I and II. Subscriptions not included for international affiliate member (available for purchase).

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

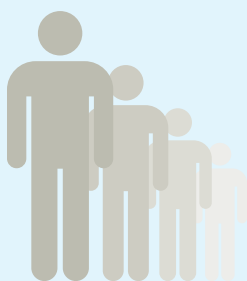
www.gastro.org/sign-up



Welcome to the AGA

Founded in
1897

13 SECTION
AFFILIATIONS
special interest groups
AMONG AGA MEMBERS

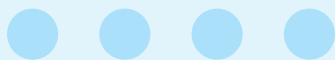


More than
16,000
members dedicated to
IMPROVING
DIGESTIVE HEALTH

10 MEMBER TYPES

REPRESENTING *every facet of*

GASTROENTEROLOGY



the number of social
NETWORKING SITES TO
CONNECT WITH AGA

4

21 COMMITTEES

PLAYING AN ACTIVE ROLE IN
AGA'S decision-making process

1 MISSION:

to Advance the Science and Practice
OF GASTROENTEROLOGY

Countries eligible for International Corresponding Member

CATEGORY I

Annual Dues \$205

Albania	Lebanon
Algeria	Libya
American Samoa	Macedonia
Argentina	Malaysia
Azerbaijan	Maldives
Belarus	Marshall Islands
Belize	Mauritius
Bosnia and Herzegovina	Mexico
Botswana	Montenegro
Brazil	Namibia
Bulgaria	Nauru
China	Palau
Columbia	Panama
Costa Rica	Paraguay
Croatia	Peru
Cuba	Romania
Dominica	Russia
Dominican Republic	Serbia
Ecuador	South Africa
Equatorial Guinea	St. Lucia
Fiji	St. Vincent and the Grenadines
Gabon	Suriname
Grenada	Thailand
Guyana	Turkey
Iran	Turkmenistan
Iraq	Tuvalu
Jamaica	Venezuela
Kazakhstan	



Countries eligible for International Corresponding Member

CATEGORY II

Annual Dues \$55

Afghanistan	Haiti	Philippines
Angola	Honduras	Rwanda
Armenia	India	Samoa
Bangladesh	Indonesia	São Tomé and Príncipe
Benin	Jordan	Senegal
Bhutan	Kenya	Sierra Leone
Bolivia	Kiribati	Solomon Islands
Burkina Faso	Korea (Dem. Rep.)	Somalia
Burundi	Kosovo	Sri Lanka
Cabo Verde	Kyrgyz Republic	Sudan
Cambodia	Lao	Swaziland
Cameroon	Lesotho	Syrian Arab Republic
Cent. African Republic	Liberia	Tajikistan
Chad	Madagascar	Tanzania
Comoros	Malawi	Timor-Leste
Congo, Dem. Rep.	Mali	Togo
Congo, Rep.	Mauritania	Tonga
Côte D'ivoire	Micronesia	Tunisia
Djibouti	Moldova	Uganda
Egypt	Mongolia	Ukraine
El Salvador	Morocco	Uzbekistan
Eritrea	Mozambique	Vanautu
Ethiopia	Myanmar	Vietnam
Gambia	Nepal	West Bank & Gaza
Georgia	Nicaragua	Yemen
Ghana	Niger	Zambia
Guatemala	Nigeria	Zimbabwe
Guinea	Pakistan	
Guinea-Bissau	Papua New Guinea	

International Membership Options

INTERNATIONAL MEMBERSHIP DUES

One-time application fee: \$40

2018 Annual Dues

(BASED ON GI TRAINING COMPLETION DATE)

January–December 2017	\$200
January–December 2016	\$300
January–December 2015	\$350
Before 2015	\$450

INTERNATIONAL CORRESPONDING MEMBERSHIP DUES

One-time application fee: \$25

2018 Annual Dues: \$205* or \$55*

Benefits

Same benefits as for international membership with the following exceptions: **(1) journal subscriptions are online only**

*View charts for eligibility.

INTERNATIONAL AFFILIATE MEMBERSHIP DUES

One-time application fee: \$25

2018 Annual Dues: \$40

Benefits

Same benefits as for international membership with the following exceptions: **(1) DDW savings are not included; (2) journals may be purchased separately at a discounted rate as follows:**

Gastroenterology: \$370/year

Clinical Gastroenterology and Hepatology: \$85/year

Please indicate your selection of journals on your application for membership.

ELIGIBILITY REQUIREMENTS

Membership is open to physicians, surgeons, scientists and other persons residing outside North America who meet one or more of the following criteria and have one of the following degrees or certifications (MD, PhD, ScD, DVM, DO or equivalent):

- A physician or scientist with a faculty appointment in gastroenterology.
- Published articles clearly related to gastroenterology in a peer-reviewed journal.
- Completed an analogous postgraduate training program outside North America in gastroenterology.
- A demonstrated professional commitment to gastroenterology, such as through membership in a national society with a special interest in peer-reviewed gastroenterology, specialized practice or function in gastroenterology, research, participation in training of physicians in gastroenterology, or other evidence as may be applicable.

For Corresponding Membership Only

The reduced dues eligibility is determined using the World Bank's country classifications, which are based on the economic status of an applicant's country of residence. Please view the charts to determine your member category. If your country of residence is not listed, you are not eligible for international corresponding membership.

QUESTIONS?

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

INTERNATIONAL MEMBERSHIP APPLICATION

Application Fee (payable with application)

- International Membership (\$40) International Corresponding and Affiliate Memberships (\$25)

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

2018 Dues: International Membership (Print and online journal subscriptions included. Based on GI training completion date.)

- January–December 2017: \$200 January–December 2016: \$300 January–December 2015: \$350 Before 2015: \$450

International Corresponding Member (Journal subscriptions available online only — view charts for eligibility.) Category I: \$205 Category II: \$55

International Affiliate Member (\$40) Optional Benefits Add *Gastroenterology* (\$365/year) Add *Clinical Gastroenterology and Hepatology* (\$85/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 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 (DD/MM/YYYY) _____

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

Training (required)

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

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

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

CW

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