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:** [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.

Improve Your Skill Set with access to a variety of educational opportunities offered free or at a discount.

- **Principles of Gastroenterology for the Nurse Practitioner and Physician Assistant:** One-of-a-kind course covers topics that are important to you as a GI healthcare provider.
- **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.
- **AGA Nurse Practitioner and Physician Assistant Resource Center:** Tools and services for the NP and PA.
- **GastroSlides:** Access our extensive image repository covering GI and liver disease topics.

JOIN AGA AND **save.**

<table>
<thead>
<tr>
<th>Feature</th>
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<tr>
<td>CGH</td>
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<tr>
<td>Gastroenterology</td>
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<td>GI &amp; Hepatology News</td>
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Journal prices are 2018 rates.

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.
- **AGA Academy of Educators:** The home for educators within AGA.
- **Social Media:** Interact with AGA through a variety of social networks.
- **GICareerSearch.com:** AGA Institute’s premier online career center to fill or find a position.

**www.gastro.org/sign-up**

1100-010MEM_17-8NPPA
Membership is open to nurse practitioners and physician assistants residing in North America who are affiliated with a GI or multi-specialty practice and who have one of the following degrees or certifications: PA, NP, PAC, ANP, ARNP, CRNP, PNP or where the degree may contain PA or NP with leading or ending characters.

One-time application fee: $40
Annual dues: $215
Optional add-on benefit: Gastroenterology: $146/year

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

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
Membership is open to nurse practitioners and physician assistants residing in North America who are affiliated with a GI or multi-specialty practice and who have one of the following degrees or certifications: PA, NP, PAC, ANP, ARNP, CRNP, PNP or where the degree may contain PA or NP with leading or ending characters.

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Connect with AGA
Facebook: /AmerGastroAssn
Twitter: /AmerGastroAssn
YouTube: /AmerGastroAssn

Join the Discussion Group
community.gastro.org
NP & PA MEMBERSHIP APPLICATION

Application Fee (payable with application) ☐ $40
2018 Dues ☐ $215/year
Optional Benefit ☐ Add Gastroenterology ($146/year)

Date _____ / _____ / ______ (MM/DD/YYYY)

Personal Information

FIRST NAME __________________ MIDDLE NAME __________________ LAST NAME __________________

SUFFIX __________________ JOB TITLE __________________

Current Degree(s): ☐ PA ☐ PAC ☐ NP ☐ ARNP ☐ CRNP ☐ PNP ☐ ANP ☐ 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) __________________

NATIONAL PROVIDER IDENTIFIER (NPI) (IF APPLICABLE)

Medical License/Board Certification (required)

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
NP & PA MEMBERSHIP APPLICATION

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

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

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