

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 health-care 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.*

Feature	Savings
CGH	\$398
Gastroenterology	\$565
GI & Hepatology News	\$230
DDW	\$135
Principles of Gastroenterology Course	\$300
DDSEP® 8	\$200
Total	\$1,828

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.
- **GI CareerSearch.com:** AGA Institute's premier online career center to fill or find a position.

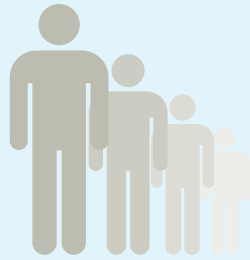
www.gastro.org/sign-up



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
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

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.

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.

Connect with AGA

 /AmerGastroAssn

 /AmerGastroAssn

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