



Member Name: _____

Practice Name: _____

Address: _____

City, State and Zip: _____

Phone Number: _____

E-mail Address: _____

Practice Administrator's Name: _____

Practice Administrator's Email: _____

Check here if you DO NOT want your contact information listed in an AGS directory.

This could be shared with other AGS physicians and Annual Conference attendees and vendors.

DUES CATEGORY:

Active Membership \$250

Associate Membership \$125

(Non-physician clinicians, retired physician, or administrator)

Government/Academic \$100

Resident and Student FREE

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THANK YOU FOR YOUR PARTICIPATION!