Oregon Urological Society Application for Active Membership

| Тур | e of membership applied for: | | | | |
|-------------------|----------------------------------|---------------------------------|-------------------|------------------------|----------------------------|
| | Active Physician Member | | | Urology Practice | e Administrator/Manager |
| | Resident / Fellow | | | | |
| | Advance Practice Provider | | | Associate (physi | cian outside Oregon State) |
| NAME: | | | Birth Date: | | |
| Hom | e Address | | | | |
| | ce Address | | | | |
| | | | Cell Phone | | |
| Date | of Board Certification | | | | |
| Medical School(s) | | | Year Graduated: | | |
| Degrees | | Internship (include dates):toto | | | |
| Postg | graduate Training (Urology) | | | | |
| Time | e practiced in present location: | | | | |
| Mem | bership in scientific societies: | | | | |
| REC | COMMENDED FOR MEMBERS | | 1 | | |
| | | | 2 | | |
| | (Two OUS members must mail a l | etter of recommend | dation to us sepa | arately from this appl | ication) |

I hereby certify that the information given above is correct to the best of my knowledge. I hereby agree to abide by the Constitution and Bylaws of this Society in all matters referable to the Society.

(Signature)

ANNUAL DUES

Active Membership = \$200/year Advance Practice Provider = \$100/year Resident or Fellow = Free Urology Practice Administrator/Manager = Free

APPLICATION FEES

Active Membership = \$200 Advance Practice Provider = \$100 Resident or Fellow = Free Urology Practice Administrator/Manager = Free

(Date)

ACTION OF MEMBERSHIP COMMITTEE

ACTION OF SOCIETY_

Debi Johnson, Executive Director

Oregon Urological Society: 914 164th ST SE #310, Mill Creek, WA 98012

425-971-5822 mobile 800-808-4749 fax <u>djmgmt@gmail.com</u> <u>www.oregonurologicalsociety.org</u>

Membership application also available online at http://www.oregonurologicalsociety.org/registration-form.html