



# Application for Membership

## 1. Instructions

- a. Please print or type all responses.
- b. Return completed form to: [info@pasg.org](mailto:info@pasg.org) or PSG, PO Box 8820, Harrisburg, PA 17105-8820 for processing.
- c. Please attach current curriculum vitae.
- d. Please enclose payment of current year's membership dues.

## 2. Name:

\_\_\_\_\_

## 3. Office Address: preferred mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4. Home Address: preferred mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 5. Phone (best/preferred number to reach you):

\_\_\_\_\_

## 6. Email: \_\_\_\_\_

I give permission to PSG to add my email address to their database for PSG use only.

## 7. Date of Birth: \_\_\_\_\_

## 8. Medical School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

## 9. Residency: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## 10. GI Fellowship: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## 11. Medical License Number: \_\_\_\_\_ State: \_\_\_\_\_

## 12. In active practice of gastroenterology since: \_\_\_\_\_

## 13. Board Certification

- a. Internal Medicine \_\_\_ Yes \_\_\_ No (date \_\_\_\_\_)
- b. Gastroenterology \_\_\_ Yes \_\_\_ No (date \_\_\_\_\_)

## 14. Member of: \_\_\_ AMA \_\_\_ Pa Medical Society \_\_\_ CMS \_\_\_ AGA \_\_\_ ASGE \_\_\_ ACG \_\_\_ AASLD



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15. Fellow of \_\_\_\_\_

16. **Application for Membership** (please check one):

**Active** (dues \$175): Hold a current, unrestricted medical or osteopathic license; Have good standing in the community; Of sound moral and ethical nature and free of any felony conviction; Shall hold a current board certification in gastroenterology or fulfilling the criteria for eligibility for board certification in gastroenterology; Full voting privileges

**Associate** (dues \$0): Hold a current, unrestricted medical or osteopathic license; Be a fellow or resident in training for the gastroenterology subspecialty; Provide name and email address of Chief of Service; No voting privileges

**Chief of Service:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Affiliate** (dues \$88): Be a any person of good character who expresses an interest in the subspecialty of gastroenterology; May not attend Board or Business Meetings of PSG; May not hold office, but may serve on committees, but not as chair; No voting privileges

**Non-Physician Clinician, NCP** (dues \$60): APPs, CRNPs, PAs, RNs, APRNs, CGRNs, LPNs, VVNs, GI Techs and other NPCs who work in the field of gastroenterology; May not hold office, but may serve on committees, but not as chair; Must have an Active PSG sponsor; No voting privileges

**Name of Active Member:** \_\_\_\_\_

**Administrator** (dues \$35): Practice Managers, executive office administrators, billing specialists; Must be currently employed by an Active member; May attend PSG meetings for free; No voting privileges

**Name of Active Member:** \_\_\_\_\_

17. **Membership Dues Payment:**

Check: to be mailed to PSG, PO Box 8820, Harrisburg, PA 17105-8820

Credit Card (Mastercard, Visa, Discover, American Express)

Name: \_\_\_\_\_

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: MM/YEAR \_\_\_\_\_ CVV Code: \_\_\_\_\_