



APPLICATION FOR MEMBERSHIP
IN AN AUA SECTION AND/OR
IN THE AMERICAN UROLOGICAL ASSOCIATION, INC.

(please type or print)

Date

AUA Office Use Only

ID:

Fee Received:

1. I, the undersigned, herewith apply for:

- ACTIVE ASSOCIATE membership in Western Section and at the same time apply for
ACTIVE ASSOCIATE MEMBER-AT-LARGE membership in the American Urological Association, Inc.

2. Name: First Middle Last Suffix

Office Address:

City: State/Province:
Postal Code: County:
Country:
Telephone: Fax:
(area code) (area code)

Email Address:

Home Address:

City: State/Province:
Postal Code: County:
Telephone:
(area code)

My preferred mailing address is: Office Home

3. Date and Place of Birth: Date Place

4. Are you a legal citizen of the country in which you practice? Yes No

Social Security Number (U.S. only):

Sex: Yes No Spouse's Name:

5. Date and Place of Licensure:

6. Applicants for Active membership or Membership-at-Large in the AUA must be certified by the American Board of Urology, Inc., the Royal College of Surgeons in Canada, the Quebec Board of Urology or the certifying board for urology in the foreign country where the applicant is practicing

Year of Certification: Certifying Board:

- a) Applicants for membership in a Section must give names and addresses of Active, Senior or Members-at-Large who will endorse this application in accordance with Section requirements.
b) Applicants for Membership-at-Large must give names and addresses of two Active, Senior or Members-at-Large in the American Urological Association, Inc. who will endorse this application and forward confidential letters directly to the AUA Member Services Department, 1120 North Charles Street, Baltimore, Maryland 21201.

Name: Address: Name: Address:

8. Medical School Attended:

Location:

Date of Graduation: Degree(s):



ID: _____

First

Middle

Last

9. Urological Residency Program: (give name of program and dates)

Program: _____ From: _____ To: _____

Is the program approved by the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada? Yes No

10. Advanced post-urological training. (Give the names of the institutions, cities and dates of service.)

11. Where have you practiced since completing your urological residency? (Give dates and locations.)

12. What percentage of your practice is urological? _____

13. Hospital appointments now held. (Give size, type of hospital and location.)

14. Teaching positions held, past or present. (Give title of position such as Assistant or Associate Professor, Chief, etc.)

15. Please attach a copy of Bibliography to this application.

I certify that to the best of my knowledge, the information which I have provided is true and complete

Signature of Applicant

Date