

Society of Academic Urologists

Membership Application

ACCOUNT APPLICATION

\$1,250.00 USD (Annual Dues / Application Fee)

Membership is open to any urology training program accredited by the Accreditation Council of Graduate Medical Education (ACGME). Active membership applications must be requested and completed by the applicant prior to consideration for membership.

Institution Name: _____

Program Director: _____

*The Program Director will be responsible for confirming the institution's individual list yearly.

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

	Member Full Name:	Email: (to confirm accuracy)
1	Program Director:	
2	Urology Chair:	
3		
4		
5		
6		
7		
8		
9		
10		

Society of Academic Urologists

Membership Application

Payment Choice:

Check Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____ CVV#: _____

Name on Card: _____

Billing Address: _____

Signature of Card Holder: _____

Please forward

- Application
- Payment

To: **Society of Academic Urologists**

Membership Department

Two Woodfield Lake

1100 East Woodfield Road, Suite 350

Schaumburg, IL 60173

Phone: (847) 517-7225

Fax: (847) 517-7229