

## ADGAP Membership Application

### Individual Membership \$200 / 1 year

Yes  No Are you the leader of a geriatric department or division at an accredited medical or osteopathic school?

Yes  No Are you a fellowship program director in a free standing, university-affiliated or non-affiliated ACGME accredited hospital-based program?

Name \_\_\_\_\_

Institution \_\_\_\_\_

Degree(s): \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Individual Membership \$200 / 1 year

**Please charge to:**  VISA  MasterCard  American Express  Discover

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(REQUIRED IN ORDER TO PROCESS THE CREDIT CARD TRANSACTION)

**Please complete and return with payment to:**

The American Geriatrics Society  
40 Fulton St. 18th Fl  
New York, NY 10038

**Enclosed is my check payable to:** The American Geriatrics Society

\*Please allow 2-3 weeks for processing

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The American Geriatrics Society  
40 Fulton St. 18th Fl  
New York, NY 10038