

## ADGAP Membership Application

### Institutional Membership \$420/1 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: \_\_\_\_\_

### Institutional Membership \$420/1 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

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

The American Geriatrics Society

40 Fulton St. 18th Fl  
New York, NY 10038

### FREE Individual Member Information

Name of Individual Member: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**For questions or comments:** Please call Erin Obrusniak at (212) 308-1414 x302 Fax: (212) 832-8646  
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