

OHIO UROLOGICAL SOCIETY

Two Woodfield Lake, 1100 E. Woodfield Road, Suite 520, Schaumburg, IL 60173, 847-517-2801, Fax: 847-517-7229

Application for Membership

DATE _____

NAME _____

SPOUSE'S NAME _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____ E-MAIL _____

BIRTHDATE _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____

PREFERRED MAILING ADDRESS: () HOME () OFFICE

LICENSURE: STATE _____ NUMBER _____ DATE EXPIRES _____

DO YOU BELONG TO A LOCAL UROLOGICAL SOCIETY? IF SO, WHICH ONE? _____

ARE YOU A MEMBER OF THE OHIO STATE MEDICAL ASSOCIATION? YES NO

ARE YOU A MEMBER OF THE AMERICAN MEDICAL ASSOCIATION YES NO

ARE YOU A MEMBER OF THE AMERICAN UROLOGICAL ASSOCIATION? YES NO

ARE YOU A MEMBER OF THE NORTH CENTRAL SECTION, A.U.A.? YES NO

MEDICAL SCHOOL ATTENDED: _____ LOCATION _____ DATES _____

INTERNSHIP: _____ LOCATION _____ DATES _____

RESIDENCY TRAINING: (*other than urology*) _____ LOCATION _____ DATES _____

UROLOGICAL TRAINING: _____ LOCATION _____ DATES _____

WHAT PERCENTAGE OF YOUR PRACTICE IS UROLOGICAL? _____

APPLICATION FOR: (*check one*)

- ACTIVE MEMBERSHIP (*Dues and voting member*) (\$100.00)
- ASSOCIATE MEMBERSHIP (*For urology residents only; no dues required*)
- AFFILIATE MEMBERSHIP
(*Offered to active members of other state urological societies or urologists otherwise not eligible for Ohio Urological Society; dues required*) (\$100.00)

(Signed)