

# APPLICATION FOR MEMBERSHIP: Society of Government Service Urologists

Two Woodfield Lake • 1100 East Woodfield Road, Suite 520 • Schaumburg, IL 60173 • Phone: (847) 517-7225 • Fax: (847) 517-7229



## Membership Categories

I am serving or have served in the federal government as a urologist and would like to join the Society of Government Service Urologists.

- Resident waived     Active Duty Military \$100     NP/PA and Administrators \$100  
 VA/USPHS/Indian Health Service (currently employed) \$100     All others \$150

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender M or F

Military Rank/Title \_\_\_\_\_ Military Category \_\_\_\_\_ Military Status \_\_\_\_\_

*Residents and fellows please provide the following additional information:*

mm/yyyy you will finish residency \_\_\_\_\_ Program \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
mm/dd/yyyy

Preferred Mailing Address  Office  Home Preferred Directory Address  Office  Home

Office Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Name of Spouse \_\_\_\_\_

If accepted for membership, I hereby agree to abide by the Constitution and Bylaws of the Society of Government Service Urologists.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT INFORMATION

- Check (Payable to SGSU)  
 Credit Card  
 Visa                       MasterCard

Card Number: \_\_\_\_\_

CVV#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please forward all necessary information and fees to:**

### Society of Government Service Urologists

Membership Department  
Two Woodfield Lake, 1100 E Woodfield Road, Suite 520  
Schaumburg, IL 60173

Phone: (847) 517-7225 • Fax: (847) 517-7229

Email: info@sgsu.org