



## AFFILIATED SOCIETIES MEMBERSHIP APPLICATION

### Benefit Highlights



**AAGL SurgeryU™**—View over 300 gynecologic surgery videos featuring the foremost surgeons from around the world. Upload and share your own video with a community of minimally invasive gynecologists. **Free to members, costs \$240 without membership.**



**The Journal of Minimally Invasive Gynecology**—Stay current on leading edge discoveries with your own copy of this renowned, peer-reviewed journal. Includes free online access to over 1,800 full text articles, plus online search access of articles through MedLine. **Free to members, costs \$227 without membership.**



**EndoExchange™**—Participate in this lively, LISTSERV® email forum posting questions and answers with fellow AAGL members. Last year over 800 posts were submitted covering all aspects of minimally invasive gynecology. Real-time advice discussed with gynecologic surgeons with real-life experience. **Only available to members.**



**CGE**—Receive peer recognition for your surgical skills through the Council of Gynecologic Endoscopy (CGE) and identify yourself to patients with your CGE recognition. **Reduced fees for members.**



**Preferred Prices**—Receive preferred pricing for all workshops, publications, scientific meetings and courses offered by the AAGL. Your savings easily can exceed the cost of membership.



**Mini-Fellowship**—These short-term, practical and educational programs afford you the opportunity to visit, observe, and experience surgeries with well-known participating surgeons. **Only available to members.**



**Physician Finder**—Promote your practice through this online directory as patients come to the AAGL website to search for gynecologists experienced in minimally invasive gynecology. Target your preferred patients by identifying the focus of your practice. **Only available to members.**

### Fees

First Time Members    \$110 USD

Renewing Members    \$150 USD

Residents/Fellows in Training    \$95 USD

*(Please print name as it should appear on your membership certificate.)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degrees: \_\_\_\_\_

Practice Name/Institution/Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Society affiliated with the AAGL of which you are a member: \_\_\_\_\_

DEMOGRAPHICS       Male     Female    Year of Birth \_\_\_\_\_

Type of Practice:       Academic     Private     Hospital     Residency     Fellowship

                                  Primary     Gynecology     Ob/Gyn     Infertility     Urogyn     Oncology     Other \_\_\_\_\_

                                  Secondary     Gynecology     Ob/Gyn     Infertility     Urogyn     Oncology     Other \_\_\_\_\_

In Practice Since (year): \_\_\_\_\_

EDUCATION  
**MEDICAL SCHOOL**  
 Name of Institution \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

**POSTGRADUATE TRAINING**  
 Name of Institution \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

BOARD CERTIFICATION:  
 Name of Board \_\_\_\_\_ Year Certified \_\_\_\_\_

Other Medical Societies (optional): \_\_\_\_\_

PAYMENT TYPE:       Check     Visa     M/C     Bank/Wire Transfer (Email ggalindo@aagl.org for information)

Name on Card: \_\_\_\_\_

Credit Card # : \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ TOTAL AMOUNT: \$ \_\_\_\_\_

I hereby make application for membership in the AAGL *Advancing Minimally Invasive Gynecology Worldwide*.

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