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<tr>
<td>CGH</td>
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<td>Gastroenterology</td>
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Journal prices are 2020 rates.
Eligibility requirements and dues

Physicians, surgeons, scientists and other persons residing in North America (U.S., Canada and Mexico) who have:

- a demonstrated, continued interest in gastroenterology and have appropriate qualifications, certification and/or credentials in gastroenterology, gastroenterology education and/or graduate training (MD, PhD, ScD, DVM, DO or equivalent).

Application fee (payable with application)  ❑ $40

2020 Dues (Based on GI training completion date)

- After Jan. 1, 2019: $145
- Jan.-Dec. 2018: $245
- Before 2017: $395

MEXICO RESIDENTS ONLY – International Corresponding Member Option (Journal subscriptions available online only)
- Application fee: $25
- Category I: $205

Personal information

First name  Middle name  Last name

Suffix  Job title

Current degree(s):  ❑ MD or equivalent  ❑ PhD or equivalent  ❑ DO  ❑ DVM  ❑ Other_____ Preferred mailing address:  ❑ Home  ❑ Work

Company name

Work address

City  State/Prov  Zip/Postal code  Country

Work phone  Email address (required for website login)

Home address

City  State/Prov  Zip/Postal code  Country

Home phone  Alternate email address

Education (required)

College  Degree type  Date graduated (MM/DD/YYYY)

Medical (or other professional) school  Degree type  Date graduated (MM/DD/YYYY)

Training (required)

Residency: Name of institution  Completion date (MM/DD/YYYY)

Gastroenterology: Name of institution  Completion date (MM/DD/YYYY)

Other: Name of institution  Completion date (MM/DD/YYYY)

Board certification (U.S. applicants only)

American Board of Internal Medicine or American Osteopathic Board of Internal Medicine

Certification #  Date of certification (MM/DD/YYYY)

Subspecialty Board in Gastroenterology

Certification #  Date of certification (MM/DD/YYYY)

National provider identifier (NPI) (if applicable)
### Medical license (required if applicable)

<table>
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<th>Name as it appears on medical license</th>
<th>Medical license number</th>
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<tr>
<td>License city and state/country</td>
<td>National ID number (Canada)</td>
</tr>
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</table>

| Educational Commission for Foreign Medical Graduates Number (for graduates of foreign medical schools only) |

### Required: Has any action in any jurisdiction been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation or any other sanctions or conditions imposed upon a licensee. **Note:** Any significant misstatements or omissions from this application shall constitute cause for denial/revocation of AGA membership.

- [ ] Yes (please attach explanation)
- [ ] No

### Demographics

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<th>Are of Hispanic or Latino background:</th>
<th>[ ] Yes</th>
<th>[ ] No</th>
<th>[ ] Prefer not to respond</th>
</tr>
</thead>
</table>

### Race (Mark all that apply):  
- [ ] Black/African American  
- [ ] American Indian/Alaskan Native  
- [ ] Asian  
- [ ] Native Hawaiian/Pacific Islander  
- [ ] White  
- [ ] Prefer not to respond

### Sex:  
- [ ] Male  
- [ ] Female

### Date of birth (required): ___/___/____ (MM/DD/YYYY)

### Professional activity: Indicate the percentage of time you spend in each of the following professional activities (total should not exceed 100 percent):

- [ ] _____ % patient care  
- [ ] _____ % research: basic or translational  
- [ ] _____ % research: clinical  
- [ ] _____ % teaching  
- [ ] _____ % administrative: management  
- [ ] _____ % industry  
- [ ] _____ % other

### Which of the following best describes your primary work setting?

- [ ] Physician-owned practice  
- [ ] Academic institution with primary mission of teaching/research  
- [ ] Pharmaceutical or medical device company  
- [ ] Hospital-owned practice  
- [ ] Hospital/health system  
- [ ] Jointly owned physician/hospital practice  
- [ ] Locum tenens/independent contractor  
- [ ] Other ______________________

### If you are in a physician-owned or hospital-owned practice, please answer the following questions:

- How many gastroenterologists are in your practice? ____
- How many nurse practitioners/physician assistants are in your practice? ____
- How many non-GI physicians are in your practice? ____
- If you are in a physician-owned practice, are you an owner?  
  - [ ] Yes  
  - [ ] No

### Subspecialty:  
- [ ] General GI, including liver disease  
- [ ] General GI, but not liver disease  
- [ ] Primarily liver disease  
- [ ] Pediatric gastroenterology  
- [ ] GI surgery  
- [ ] Other ______________________

### AGA Section Affiliations: Choose up to six sections to belong to:

- [ ] A. Clinical Practice  
- [ ] B. Esophageal, Gastric & Duodenal Disorders  
- [ ] C. Basic and Clinical Intestinal Disorders  
- [ ] D. Pancreatic Disorders  
- [ ] E. Liver & Biliary  
- [ ] F. Gastrointestinal Oncology  
- [ ] G. Neurogastroenterology & Motility  
- [ ] H. Pediatric Gastroenterology & Developmental Biology  
- [ ] I. Immunology, Microbiology & IBD  
- [ ] J. Cellular and Molecular Gastroenterology  
- [ ] K. Obesity, Metabolism & Nutrition  
- [ ] L. Endoscopy, Technology & Imaging (ETI)  
- [ ] M. Microbiome & Microbial Therapy

### Contact permissions (required)

- [ ] Yes  
- [ ] No  
  I want to stay up to date on educational offerings, conferences, and gastroenterology updates via email or post. You can opt-out at any time.

### Terms and conditions (required)

- [ ] Yes  
  I have read and agree to the AGA Privacy Policy (www.gastro.org/privacy-policy).  
- [ ] Yes  
  I consent to have my data shared with select AGA partners and third parties. You can opt-out at any time.
Applicant’s signature (required)

I authorize AGA to obtain information from societies, hospital staff, members and any other source regarding this application and my qualifications for membership. This information, whether or not solicited by AGA, may be kept confidential by AGA. I certify that the above information is accurate.

Signature Please print name

Payment

Membership period is Jan. 1–Dec. 31. Annual dues will be prorated based on acceptance date. You can find the proration chart at www.gastro.org. Payment of the application fee and current dues must be provided at time of submission. New members will not be activated without full payment.

❑ My check is enclosed in U.S. dollars, payable to AGA.

Check # Check amount

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Questions?
Contact AGA Member Relations at 301-941-2651

By mail:
AGA Member Relations Department
4930 Del Ray Ave.
Bethesda, MD 20814-2513

Email: member@gastro.org

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- **Agenda**: Develops and implements a rigorous public policy agenda, including issues relating to all aspects of GI.
- **AGA PAC**: The only political action committee supported by a national gastroenterology society.

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- **AGA’s Practice Updates**: Guidance to help you provide the most up-to-date, evidence-based care for your patients.
- **Clinical guidelines**: Evidence-based recommendations that help guide clinical practice decisions. Also available as a mobile app.
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**21 COMMITTEES PLAYING AN ACTIVE ROLE IN AGA’s decision-making process**

1 Mission:
EMPOWER CLINICIANS AND RESEARCHERS TO IMPROVE DIGESTIVE HEALTH.

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