

American Geriatrics Society

METROPOLITAN WASHINGTON AREA AFFILIATE

Membership Application * For January 1- December 31, 2010

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Discipline: _____

Membership Category:

Dues:

<input type="checkbox"/> Physician	\$35.00
<input type="checkbox"/> Other Health Professional	\$20.00
<input type="checkbox"/> Resident/Trainee	\$ 5.00
<input type="checkbox"/> Student	(Fee Waived – A copy of the ID is required)
<input type="checkbox"/> Additional Tax Deductible Contribution	Amount _____

Are you a member of the National American Geriatrics Society? Yes No

Please mail completed application and membership fee to:

Local Affiliate – American Geriatrics Society

c/o Erica Raphael, 8519 Milford Ave., Silver Spring, MD 20910

Please make checks payable to “AGS Treasurer.”

To fax your form, please call Erica Raphael at (301) 585-9170

We can also accept Visa or Mastercard:

Name on Card _____

Card Type Visa Mastercard

Card Number _____ 3-digit code _____ Exp. Date _____
(on back of card) mm/dd/yy

Questions? Contact Erica Raphael at 301-585-9170

Or email her at dcgeriatrics@yahoo.com