



Application for Membership

ACTIVE MEMBERSHIP: \$100.00 USD (Annual Dues / Application Fee)

Qualified applicants must meet the following requirements: 1) Possession of an unlimited license to practice medicine and surgery in the state of the applicant's practice. 2) Membership in good standing in the American Urological Association, Inc. (AUA) or meets all eligibility requirements for future membership in the AUA as an active member. 3) Limitation of practice to the specialty of urology. 4) Recommendation for membership by two voting members of the society.

AFFILIATE MEMBERSHIP: \$50.00 USD (Annual Dues / Application Fee)

Qualified applicant is an individual with an interest in the field who does not satisfy the criteria as an Active Member including allied health professional (nurse, NP, PA) or individuals in industry-related positions.

Name _____ Gender M or F

Degree(s) _____ Preferred Mailing 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 _____ Date of Birth _____

Postgraduate Training

Internship	_____		
	Institution	Location	Dates
Residency	_____		
	Institution	Location	Dates
Fellowship	_____		
	Institution	Location	Dates

Applicants must be endorsed by two voting WUS members.

Name _____ Name _____

Board Certification _____ Date _____

Signature of Applicant _____ Date _____



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Website: www.wisurolog.com

Email: info@wisurolog.com

Payment Information

Check (Payable to WUS)

Visa

MasterCard

Card Number: _____

CVV#: _____ Expiration Date: _____

Cardholder's Signature: _____

