

Application for Membership



New York Section of the AUA, Inc.

4100 Duff Place, Lower Lever

Seaford, NY 11783

Phone: 516-520-1224 • Fax: 516-520-1225

I am applying for:

☐ **AFFILIATE MEMBERSHIP (\$50.00 Application fee)**

Requirements for Affiliate Membership are as follows: Non-Urologist MDs or Doctors of Osteopathy who are significantly contributing to the field of Urology through clinical practice are eligible for Affiliate membership in the New York Section. In addition to completing the application, we require applicants to submit the following:

- A) \$50.00 (U.S. Dollars) nonrefundable application fee.
- B) A copy of your curriculum vitae
- C) One letter of endorsement from an AUA voting (Active) member attesting to your moral, ethical and professional competence.
- D) A personal statement describing your significant contributions to the specialty of urology and the reason why you are interested in joining the NYS.

☐ I also understand that following the application process and favorable review and approved by the NYS board of directors, my complete application will be forwarded to the American Urological Association offices. It will then be reviewed for national membership at the next AUA board meeting.

General Information

First Name: _____ Last Name: _____

Social Security Number: _____ Degree: _____ Gender: _____

Date of Birth: _____ Place of Birth: _____

Date of Licensure: _____ Place of Licensure: _____

Legal Citizen Where You Practice? Yes _____ No _____

Preferred Mailing Address: Office _____ Home _____

Preferred Directory Address: Office _____ Home _____

Office Address: _____

City: _____ State: _____ Zip/Postal Code _____

Country: _____ Tel: _____ Fax: _____

Home Address: _____

City: _____ State: _____ Zip/Postal Code _____

Country: _____ Tel: _____ Fax: _____

Email: _____

Areas of Expertise: _____

Name of Spouse: _____

All applicants must provide name and address of 1 Active or Senior members of the Section who will endorse this application in accordance with Section Requirements

Sponsor 1 Name: _____

*Letters of recommendation should be sent directly to Michele Paoli by Fax (516) 520-1225 or by Email: Michelelij@aol.com

I certify that to the best of my knowledge the information which I have provided is true and complete.

SIGNATURE

DATE

**All applications will be kept on file at the New York Section and a cop will be made and forwarded to the AUA when applying for AUA membership*

Payment Information (\$100 Application Fee):

☐ Check (Payable to the New York Section, AUA)

☐ Credit Card

_____ Visa _____ MasterCard _____ American Express

Card Number: _____

CVV # _____

Expiration Date _____

Applicants Signature: _____

Please forward all necessary information and fees to:

Michele Paoli
Executive Director
New York Section, AUA
4100 Duff Place, Lower Level
Seaford, NY 11783
Phone: 516-520-1224
Fax: 516-520-1225
Email: Michelelij@aol.com