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:

☐ **ACTIVE MEMBERSHIP ($100.00 Application fee)**
Requirements for Active Membership are as follows: A) Possession of an unlimited license to practice medicine and surgery in the state of the applicants residence; B) Practice in the geographical boundaries of the New York Section; C) Possession of an MD or DO degree and completion of an accredited urology residency; D) Limitation of practice to the specialty of Urology; E) Certification by the American Board of Urology (ABU); F) Recommendation for membership by two (2) voting members of the AUA and F) a copy of applicants curriculum vitae.

☐ 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.

I am applying for:

☐ **ASSOCIATE MEMBERSHIP ($100 Application fee)**
Requirements for Associate Membership are the same an Active Membership, except for board certification. A) Candidate members eligible for Fast Tract Associate status: Associate Membership will be offered to all candidate members who have passed the qualifying examination (Part I) of the American Board of Urology; B) Non-members eligible for Associate status: Associate Membership is available to non-member urologists who are practicing within the geographic boundaries of the Section but are not certified by the American Board of Urology.

☐ 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 Experise: _____

_____

Name of Spouse: _____

All applicants must provide names and addresses of two Active or Senior members of the Section who will endorse this application in accordance with Section Requirements

Sponsor 1 Name: _____

Sponsor 2 Name: _____

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

Education, Training and Professional Experience

Medical School: _____ Degree(s) Earned: _____

Date of Graduation: _____

Name of Urology Resident Program: _____

Dates of Urology Residency Program: _____

If your urology residency program approved by the Accreditation Council for Graduate Medical Education?
Yes _____ No _____

Advanced Post-Urological Training:

Name of Institution _____ City _____ Dates _____

Name of Institution _____ City _____ Dates _____

Name of Institution _____ City _____ Dates _____

Where have you practiced since completing your urological residency?

Location _____ Dates _____

Location _____ Dates _____

Location _____ Dates _____

Hospital Appointments Currently Held

Hospital Name
& Location
_____

Hospital Name

& Location _____

Hospital Name
& Location _____

Teaching Positions Held (Past or Present)

Title _____ **Position** _____

Title _____ **Position** _____

Title _____ **Position** _____

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