

**APPLICATION FOR CONSIDERATION AS A
CANDIDATE FOR OFFICE OR COMMITTEE AT THE NEW YORK SECTION
AND NATIONAL AUA LEVEL**

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Board Certification Year: _____

NYS Year Joined: _____

Please list any involvement you have had (past and present) with the New York Section (i.e. positions held, meetings attended, etc.):

Please list any involvement you have had (past and present) with the American Urological Association (i.e. positions held, meetings attended, etc.):

Please list any involvement you have (past and present) with other urological or medical organizations:

Please list any Academic Positions/Appointments/Committees:

Please list any non-medical leadership affiliations or involvement:

Please list the Officer Position and/or Committee (NYS or AUA) you are interested in:

Statement of Interest:
