

2020 PRACTICE MANAGER & ADMINISTRATOR MEMBERSHIP

Join AGA and invest in your future.

Stay up to date

Stay up to date with the latest GI news and research.

- **AGA eDigest:** Weekly e-newsletter covering important topics and news from the AGA Institute.
- **AGA Perspectives:** Bimonthly magazine where experts debate today's most controversial GI topics.
- **GI & Hepatology News:** Official newspaper of the AGA Institute providing commentary about clinical developments and the impact of health care policy.
- **AGA Today in Medicine:** Daily news feed featuring the day's top headlines.
- **www.gastro.org:** Access members-only resources and stay connected all day, every day.

Connect and engage

Connect and engage with colleagues who share your passions and face similar challenges.

- **AGA Community:** A private, members-only forum, directory and resource library.
- **Section affiliations:** Thirteen special interest groups. AGA members can join up to six.
- **Social media:** Interact with AGA through a variety of social networks.
- **GI Career Search.com:** AGA Institute's premier online career center to fill or find a position.

Save money

Save money by taking advantage of special discounts with AGA Partners.

- **UpToDate®** is an evidence-based, physician-authored clinical knowledge resource trusted by more than 850,000 clinicians in more than 164 countries to make the right point-of-care decisions. AGA members receive an exclusive 14-day free trial.
- **Commonbond** is a leader in student lending helping you reduce your student loans.

Thrive

Thrive in the new world of accountable care.

- **The GI Patient Center:** A collection of patient education materials.
- **AGA's Practice Updates:** Guidance to help you provide the most up-to-date, evidence-based care for your patients.
- **Clinical guidelines:** Evidence-based recommendations that help guide clinical practice decisions. Available as a mobile app.
- **Ask AGA: IBD:** and its free patient app companion, **My IBD Manager** from AGA: for everything about inflammatory bowel disease (IBD).

Eligibility requirements and dues

One-time application fee: \$25

Annual dues:

GI physician in the practice **is** an AGA member: \$100

GI physician in the practice **is not** an AGA member: \$150

Questions?

Contact AGA Member Relations at 301-941-2651 or send an email to member@gastro.org.

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Application fee (payable with application) \$25

Date ____/____/____

2020 Dues (Amount is based on whether a physician in your practice is an AGA member. Please check the appropriate box.) (MM/DD/YYYY)

None of the physicians in my practice are AGA members: \$150

A physician in my practice is an AGA member: \$100 _____
Name of an AGA-Member Physician affiliated with your practice

Personal information

First name Middle name Last name

Suffix Job title

Preferred mailing address: Home Work

Company name

Work address

City State/Prov Zip/Postal code Country

Work phone Email address (required for website login)

Home address

City State/Prov Zip/Postal code Country

Home phone Alternate email address

National provider identifier (NPI) (If applicable)

Demographics

Are of Hispanic or Latino background: Yes No Prefer not to respond

Race (Mark all that apply): Black/African American American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander White Prefer not to respond Sex: Male Female Date of birth (required): ____/____/____ (MM/DD/YYYY)

How many offices/sites does your practice have? _____ Does your practice operate an ambulatory surgery center? Yes No

Which of the following best describes your primary work setting?

- Physician-owned practice
- Academic institution with primary mission of teaching/research
- Pharmaceutical or medical device company
- Hospital-owned practice
- Hospital/health system
- Other _____
- Jointly owned physician/hospital practice
- Locum tenens/independent contractor

If you are in a physician-owned or hospital-owned practice, please answer the following questions:

How many gastroenterologists are in your practice? _____ How many nurse practitioners/physician assistants are in your practice? _____
How many non-GI physicians are in your practice? _____ If you are in a physician-owned practice, are you an owner? Yes No

AGA Section Affiliations: Choose up to six sections to belong to: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

- | | | | |
|---|-------------------------------------|---|---|
| A. Clinical Practice | D. Pancreatic Disorders | H. Pediatric Gastroenterology & Developmental Biology | K. Obesity, Metabolism & Nutrition |
| B. Esophageal, Gastric & Duodenal Disorders | E. Liver & Biliary | I. Immunology, Microbiology & IBD | L. Imaging, Endoscopy & Advanced Technology |
| C. Basic and Clinical Intestinal Disorders | G. Neurogastroenterology & Motility | J. Cellular and Molecular Gastroenterology | M. Microbiome & Microbial Therapy |

Contact permissions (required)

- Yes No I want to stay up to date on educational offerings, conferences, and gastroenterology updates via email or post. You can opt-out at any time.
- Yes No I consent to have my data shared with select AGA partners and third parties. You can opt-out at any time.

Terms and conditions (required)

- Yes I have read and agree to the AGA Privacy Policy (www.gastro.org/privacy-policy).

AGA values your personal information and has processes in place to keep your details secure. Any parties that we may share your data with are obliged to do the same and will only use it to fulfill relevant services they provide you on our behalf.

Applicant's signature (required)

I authorize AGA to obtain information from societies, hospital staff, members and any other source regarding this application and my qualifications for membership. This information, whether or not solicited by AGA, may be kept confidential by AGA. I certify that the above information is accurate.

Signature

Please print name

Payment

Membership period is Jan. 1–Dec. 31. Annual dues will be **prorated** based on acceptance date. You can find the proration chart at www.gastro.org. **Payment of the application fee and current dues must be provided at time of submission. New members will not be activated without full payment.**

- My check is enclosed in U.S. dollars, payable to AGA.

Check #

Check amount

- Visa MasterCard American Express

Name on card

Card number

CVV

Expiration date

Amount

Signature

Submit your application by mail or online

By mail:

AGA Member Relations Department
4930 Del Ray Ave.
Bethesda, MD 20814-2513

Email:

member@gastro.org

Online:

www.gastro.org/sign-up

2020 Practice Manager & Administrator Membership

Save paper, join online: www.gastro.org/sign-up