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- GI & Hepatology News: Official newspaper of the AGA Institute providing commentary about clinical developments and the impact of health care policy.
- Cellular and Molecular Gastroenterology and Hepatology (CMGH):
 Online open-access, peer-reviewed journal publishing cutting-edge digestive biology research.
- AGA eDigest: Weekly e-newsletter covering important topics and news from the AGA Institute.
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Total savings	\$2,413



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Albania Kosovo Afghanistan Kiribati Swaziland Algoria Lebanon Angola Korea (Dem. Rep.) Syrian Arab Republic American Samoa Libya Bangeldesh Kyrqyz Republic Tajikstan Argentina Macedonia Benin Lao Tanzania Timor-Leste Azerbaijan Maldives Bolivia Liberia Togo Belurus Marshall Islands Burkina Faso Madagascar Tunisia Belize Mauritus Burkina Faso Madagascar Tunisia Disnaia and Herzegovina Mexico Cabo Verde Mali Ukraine Bosisia and Herzegovina Montenegro Cambodia Mauritania Uzbekistan Brazil Namibia Cameroon Micronesia Vanautu China Paraguay Chad Mongolia West Bank & Gaza Colombia Peru Comoros Morocco Yemen Costa Rica Romania Congo, Dem. Rep. Mozambique Zambia Dominica Republic Serbia Dijibouti Nicaragua Filipi St. Lucia Eritrea Pakistan Papala Gamoa St. Lucia Eritrea Pakistan Papala Gamoa St. Vincent and the Grenadines Ethiopia Papau New Guinea Georgia Tunisma Congo, Dem. Rep. Papau New Guinea Georgia Tunisma Papala Giana Papau Gomora Serbia Dijibouti Nicaragua Filipi St. Lucia Eritrea Pakistan Papala Gamoa St. Vincent and the Grenadines Ethiopia Papau New Guinea Georgia Suriname Gambia Philippines Grenada Thiailand Giana Rowanda Georgia Suriname Gambia Philippines Grenada Thiailand Giana Rowanda Gomenda Turkey Guinea Suorome Islanda Siera Georgia Suriname Gambia Philippines Grenada Turkey Guinea Soo Tomé and Principe Gayana Turkey Guinea Soo Tomé and Principe Gayana Turkey Guinea Soo Tomé and Principe Gayana Turkey Guinea Soo Tomé and Principe Islanda Gambia Philippines Grenada Turkey Guinea Soo Tomé and Principe Gayana Turkey Guinea Soonalia South Sudan Honduras Solotha South Sudan Laraga Angola South Sudan South Sudan South Sudan South Sudan Sudan South Sudan	Category I		Category II		
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IraqTuvaluHondurasSolomon IslandsJamaicaVenezuelaIndiaSomaliaJordanIndonesiaSouth Sudan	Guyana	Turkey	Guinea-Bisau	Senegal	
Jamaica Venezuela India Somalia Jordan Indonesia South Sudan	Iran	Turkmenistan	Haiti	Sierra Leone	
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	Jamaica	Venezuela	India	Somalia	
Kazakhstan Kenya Sudan	Jordan		Indonesia	South Sudan	
	Kazakhstan		Kenya	Sudan	



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International membership options

International membership dues

One-time application fee: \$40

2020 Annual dues (based on GI training completion date)

 January-December
 2019
 \$200

 January-December
 2018
 \$300

 January-December
 2017
 \$350

Before 2017 \$450

International corresponding membership dues

One-time application fee: \$25

2020 Annual dues: \$205* or \$55*

Benefits

Same benefits as for international membership with the following exceptions: (1) journal subscriptions are online only

*View charts for eligibility.

International affiliate membership dues

One-time application fee: \$25

2020 Annual dues: \$40

Benefits

Same benefits as for international membership with the following exceptions: (1) DDW savings are not included; (2) journals may be purchased separately at a discounted rate as follows:

Gastroenterology: \$387/year

Clinical Gastroenterology and Hepatology: \$89/year

Please indicate your selection of journals on your application for membership.

Eligibility requirements

Membership is open to physicians, surgeons, scientists and other persons residing outside North America who meet one or more of the following criteria and have one of the following degrees or certifications (MD, PhD, ScD, DVM, DO or equivalent):

- A physician or scientist with a faculty appointment in gastroenterology.
- Published articles clearly related to gastroenterology in a peerreviewed journal.
- Completed an analogous postgraduate training program outside North America in gastroenterology.
- A demonstrated professional commitment to gastroenterology, such as through membership in a national society with a special interest in peer-reviewed gastroenterology, specialized practice or function in gastroenterology, research, participation in training of physicians in gastroenterology, or other evidence as may be applicable.

For corresponding membership only

The reduced dues eligibility is determined using the World Bank's country classifications, which are based on the economic status of an applicant's country of residence. Please view the charts to determine your member category. If your country of residence is not listed, you are not eligible for international corresponding membership.

Questions?

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

Application fee (payable with application ☐ International membership (\$40)	n) International corresponding and affi	iliate memberships (\$25)	Date//
2020 Dues: International membership (F	Print and online journal subscriptions incl	luded. Based on GI training comple	etion date.)
·	□ January-December 2018: \$300 □ Jan		
International corresponding member (J			
☐ Category I: \$205 ☐ Category I			
International affiliate member (\$40) op	tional benefits		
☐ Add Gastroenterology (\$38	7/year) 🗖 Add Clinical Gastroenterolog	y and Hepatology (\$89/year)	
Personal informati	ion		
First name	Middle name	Last name	
Suffix	Job title		
Current degree(s): ☐ MD or equivalent	□ PhD or equivalent □ DO □ DVM	☐ Other Preferred mailing	g address:
Company name			
Work address			
City	State/Prov	Zip/Postal code	Country
Work phone	Email address (required for we	ebsite login)	
Home address			
City	State/Prov	Zip/Postal code	Country
Home phone	Alternate email address		
Education (required)			
College	Degree type	Date gradua	ited (MM/DD/YYYY)
Medical (or other professional) school	Degree type	Date gradua	ited (MM/DD/YYYY)
Training (required)			
Residency: Name of institution		Completion date (MM/DD/YYYY)	
Gastroenterology: Name of institution	Completion date (MM/DD/YYYY)		
Other: Name of institution		Completion date (MM/DD/YYYY)	
Medical license (red	quired if applicable)		
Name as it appears on medical license	Medical license number		
License city and state/country	National ID number (Canada)		
Educational Commission for Foreign Medical Gradua	tes Number (for graduates of foreign medical schools	only)	

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2020 INTERNATIONAL MEMBERSHIP

Signature

Required: Has any action in any jurisdiction been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation or any other sanctions or conditions imposed upon a licensee. Note: Any significant misstatements or omissions from this application shall constitute cause for denial/revocation of AGA membership. ☐ Yes (please attach explanation) ☐ No **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 **Sex:** □ Male □ Female □ Native Hawaiian/Pacific Islander □ White □ Prefer not to respond **Date of birth** (required): ____/ ___/ (MM/DD/YYYY) Professional activity: Indicate the percentage of time you spend in each of the following professional activities (total should not exceed 100 percent): _____ % patient care _____ % research: basic or translational _____ % research: clinical _____ % teaching _____ % administrative: management % industry % other Which of the following best describes your primary work setting? ☐ Physician-owned practice ☐ Hospital/health system ☐ Academic institution with primary mission of teaching/research Other _ ☐ Pharmaceutical or medical device company ☐ Jointly owned physician/hospital practice ☐ Hospital-owned 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 Subspecialty: ☐ General GI, including liver disease ☐ General GI, but not liver disease ☐ Primarily liver disease □ Pediatric gastroenterology □ GI surgery □ Other_ **AGA Section Affiliations:** Choose up to six sections to belong to: 1 _____ 2 ___ 3 ___ 4 ___ 5 ___ 6 ____ A. Clinical Practice H. Pediatric Gastroenterology & K. Obesity, Metabolism & Nutrition D. Pancreatic Disorders B. Esophageal, Gastric & E. Liver & Biliary Developmental Biology L. Imaging, Endoscopy & **Duodenal Disorders** F. Gastrointestinal Oncology I. Immunology, Microbiology & IBD Advanced Technology C. Basic and Clinical Intestinal Disorders G. Neurogastroenterology & Motility J. Cellular and Molecular Gastroenterology M. Microbiome & Microbial Therapy AGA values your personal **Contact permissions** (required) **Terms and** information and has processes conditions (required) in place to keep your details ☐ Yes ☐ No I want to stay up to date on educational offerings, conferences, secure. Any parties that we and gastroenterology updates via email or post. You can opt-out at any time. may share your data with are ☐ Yes Thave read and agree obliged to do the same and will only use it to fulfill relevant to the AGA Privacy Policy ☐ Yes ☐ No I consent to have my data shared with select AGA partners and services they provide you on third parties. You can opt-out at any time. (www.gastro.org/privacy-policy). 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.

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

member@gastro.org

Email:

Online:

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

gastro.org www.gastro.org/sign-up

2020 International Membership

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