



Application for Membership

ACTIVE MEMBERSHIP: \$100.00 USD (Annual Dues / Application Fee)

Qualified applicants must meet the following requirements: 1) Possession of an unlimited license to practice medicine and surgery in the state of the applicant's practice. 2) Membership in good standing in the American Urological Association, Inc. (AUA) or meets all eligibility requirements for future membership in the AUA as an active member. 3) Limitation of practice to the specialty of urology. 4) Recommendation for membership by two voting members of the society.

Name _____ Sex M or F

Degree(s) _____ Preferred Mailing Address Office Home

Office Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

Email _____ Date of Birth _____

Postgraduate Training

Internship
Institution _____ Location _____ Dates _____

Residency
Institution _____ Location _____ Dates _____

Fellowship
Institution _____ Location _____ Dates _____

Applicants must be endorsed by two voting WUS members.

Name _____ Name _____

Board Certification _____ Date _____

Signature of Applicant _____ Date _____



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Schaumburg, IL 60173

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Website: www.wisurolog.com

Email: ann@wjweiser.com

Payment Information

Check (Payable to WUS)

Visa

MasterCard

Card Number: _____

CVV#: _____ Expiration Date: _____

Cardholder's Signature: _____