



Society of Genitourinary Reconstructive Surgeons

# Membership Application

### Applicant Submission Checklist:

Completed Application and Annual Dues payment

Curriculum Vitae, abbreviated form, preferably the NIH format

Surgical Case Log, 12-month period (to include all prosthetics, incontinence, and urethroplasty). Surgical Log must include: patients initials or hospital identification number; date of procedure; and surgical procedure completed. 6-month period, case log is acceptable for Fellows. Those who cannot meet case log requirement may submit a personal statement of their interest in genitourinary reconstructive surgery and membership in the society.

One Sponsor Letter from an Active Member of the Society. Your sponsor may mail, fax, or email their letter directly to the GURS Headquarters.

### Membership:

**ACTIVE MEMBERSHIP (\$225.00 USD Annual Dues):** Active members are defined as surgeons or others who must demonstrate significant interest in the field of genitourinary reconstructive surgery. Annual Dues for **International Members** are based on the World Bank Classification. Please review the [GURS International World Bank Classification](#) in order to determine your Dues rate.

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Credential(s): \_\_\_\_\_

Title: \_\_\_\_\_ Institution/Organization: \_\_\_\_\_

Medical License: Yes No

State/Country of Licensure: \_\_\_\_\_

Are you Board Certified? Yes No

Hospital Affiliations: \_\_\_\_\_

Specialty: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: M or F

Preferred Mailing Address ( Home or  Work): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Mailing Address ( Home or  Work): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment Information:

Credit Card: Visa MasterCard American Express

Annual Dues: A: \$225 B: \$75 C: \$100 (To confirm your dues rate, please refer to the World Bank Classification)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Check: Society of Genitourinary Reconstructive Surgeons

Submit Application Packet to Society of Genitourinary Reconstructive Surgeons:

1061 E Main Street, Suite 300, East Dundee, IL 60118

If you have questions, contact GURS at (847) 752-5355 or [info@societygurs.org](mailto:info@societygurs.org)

### Office Use Only:

Date Received:	Date Approved:	Order Number:	ID Number:
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Visit GURS website at [www.SocietyGURS.org](http://www.SocietyGURS.org)