



Los Angeles Urological Society
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www.LAUrological.org / info@LAurological.org

MEMBERSHIP APPLICATION

Please type or print:

Name: _____

Office Address: _____

City: _____ State _____ Zip _____

Office TEL: _____ Office FAX: _____

Email: _____ Birthdate: _____

Home address: _____

City: _____ State _____ Zip _____

TEL: _____ Spouse Name: _____

Board Certified? ___ YES ___ NO Year of Certification: _____

If no, are you eligible? ___ YES ___ NO ___ Other

Medical School: _____

Percent of Practice Urology: _____ % Other _____

Memberships in other urological organizations: _____

I hereby make application to the Los Angeles Urological Society for Active Membership and I agree to abide by the Article of Incorporation and Bylaws.

Signed: _____ Date: _____

===== **Please remit with \$200 Membership Fee** =====

Payment enclosed: Check Visa/MasterCard Discover AMEX

Checks payable to: Los Angeles Urological Society.

Card# _____ Signature: _____

Cardholder Name: _____ Expire Date: _____

Credit card payments: I hereby authorize Medical Association Management Co. to debit my credit card account, the total fees as indicated above. Please note that the transaction will appear on your statement under the name of "**Medical Association Management Company**" or "**MAMCO**".