



Application for Membership

Ohio Urological Society
2575 Northwest Parkway, Elgin, IL 60124
Phone: (847) 752-6245

Prefix _____ Name _____ Suffix _____ Degree(s) _____ Gender _____

Office Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

Email _____ Website _____ Date of Birth _____
(MM/DD/YYYY)

Preferred Mailing Address Office Home

I would like to apply for:

- Active Membership**
Qualifications: Active Membership in this society is limited to licensed physicians who reside and practice urology in the state of Ohio and have an unrestricted license to practice medicine. \$100 payment of annual dues is required.
- Affiliate Membership**
Qualifications: Affiliate Membership in this society includes full-time urologists who are licensed outside the state of Ohio. \$100 payment of annual dues is required.
- Allied Health Membership**
Qualifications: Allied Health Membership in this society includes individuals with an interest in the field who do not satisfy the criteria as an Active Member including allied health professional (nurse, NP, PA) or individuals in industry-related positions. Must be sponsored by an OUS member. \$50 payment of annual dues is required.

I hereby certify that the information on this application is correct. If accepted for membership, I hereby agree to abide by the Constitution and Bylaws of the Ohio Urological Society.

Payment Information

- Check (Payable to OUS)
- Credit Card: Visa MasterCard American Express
- Card Number _____
- CVV # _____
- Expiration Date _____
- Cardholder's Signature _____

Please forward application and fee / dues to:

Ohio Urological Society
Sue O'Sullivan
2575 Northwest Parkway
Elgin, IL 60124
Phone: (847) 752-6245
Email: Sue@OUSWeb.org