



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 (\$150.00 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: Per PCI compliance, Credit Card Payments must be faxed in to our secure fax: (410) 689-3825.

Check: Society of Genitourinary Reconstructive Surgeons Credit Card: Visa MasterCard American Express

Annual Dues: A: \$150 B: \$75 C: \$50 (To confirm your dues rate, please refer to the [World Bank Classification](#))

Card Number: _____ Expiration Date: _____ CVV: _____

Cardholder's Name: _____

Signature of Applicant: _____ Date: _____

Submit Application Packet to Society of Genitourinary Reconstructive Surgeons:

1000 Corporate Boulevard Linthicum, MD 21090 Fax: (410) 689-3825

If you have questions, contact GURS at (410) 689-3950 or 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