



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.
- 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 (\$100.00 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: \$100 B: \$75 C: \$50 (To confirm your dues rate, please refer to the [World Bank Classification](#)) Credit

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