SOUTH CAROLINA
GASTROENTEROLOGY ASSOCIATION
MEMBERSHIP APPLICATION

P.O. Box 11188, Columbia, SC 29211, Telephone: (803) 798-6207 Fax: (803) 772-6783

Please print or type. Please mail your completed application with your $200.00 dues to the address above.

I hereby make application for: **ACTIVE** **TRAINEE*** (circle one membership class)

*Letter from Department Head must accompany application for trainee membership. Trainee membership is dues exempt.

Name: _____ _____/_____/_____
(Last) (First) (MI) (Date of Birth)

Practice Name: _____ Gender: M F

Work Address: _____
(Street) *(City)* *(State)* *(Zip)*

Are you currently utilizing an Electronic Medical Record (EMR) system in your office? ☐ Yes ☐ No

Work Phone: _____ Fax: _____

Nurse's Name: _____ E-mail: _____

Administrator's Name: _____ E-mail: _____

Home Address: _____
(Street) *(City)* *(State)* *(Zip)*

Home Phone: _____ E-Mail: _____

Undergraduate Education: _____
(School) *(Location)* *(Year)* *(Degree)*

Medical Education: _____
(School) *(Location)* *(Year)* *(Degree)*

Residency: _____ Fellowship: _____
(Location & Dates) *(Location & Dates)*

Board Certification: IM _____ GI _____ Other _____
(Year) *(Year)* *(Year)*

Professional References: *(Please list name and address of two references.)*

Name _____ Name _____

Address _____ Address _____

_____ _____

_____ _____
(Applicant's Signature) (Date)

OFFICAL USE ONLY

Approved as an *Active / Trainee* member in good standing of the South Carolina Gastroenterology Association.
(circle category)

_____ _____
(Secretary of Association) (Date)

1/19/05