



APPLICATION FOR MEMBERSHIP --- THE IOWA UROLOGICAL SOCIETY

REQUIREMENTS FOR APPLICATION:

1. Membership fee - \$10.00
2. Letters of recommendation by two members of the Society.
3. Letter from the Department Head of the Residency Program confirming completion of an approved urological residency.
4. Completion of the application form.

The above fee, letters, and form should be submitted to the Secretary-Treasurer of the Society. The completed application will be referred to the Board of Trustees for approval.

Those admitted at the spring meeting will be assessed full annual dues for membership for that year and will be considered members for that year.

Those applying for membership at the fall meeting, who have completed residency that calendar year, may attend the fall meeting at the residents' fee and pay annual dues the following January. Those who have completed residency prior to the current calendar year will have paid non-member registration for the fall meeting and will pay regular annual dues the following January.

Please submit your completed application to:

James A. Brown, MD
200 Hawkins Dr., 3229 RCP
Iowa City, IA 52242

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Full Name: _____

Email Address: _____

Address –Office: _____

Address – Residence: _____

Place of Birth: _____ Date _____

High School: _____ Date _____

College: _____

Degree _____ Date _____

College: _____

Degree _____ Date _____

Medical College: _____

Degree _____ Date _____

Internship: _____

Date _____ to _____

Residency: _____

Date _____ to _____

License: State _____ Number _____ Date _____ Expires _____

State _____ Number _____ Date _____ Expires _____

Board of Urology: Date _____

Staff Positions: _____

Scientific Societies:

Date of Membership:

Official Positions Held:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Publications: _____

Teaching Positions, etc: _____

Signed: _____

Approved: _____, M.D.

_____, M.D.

_____, M.D., Chm., Board of Trustees