



Application for Membership

Louisiana Urological Society
1100 E Woodfield Road, Suite 350, Schaumburg, IL 60173
Phone: (847) 517-7225 • Fax: (847) 517-7229

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 of who reside and practice urology in the state of Louisiana and have an unrestricted license to practice medicine. \$100 payment of Annual Dues is required.

Candidate Membership

Qualifications: Candidate Membership in the Society is limited to residents in an accredited urology training program within the state of Louisiana. Such membership will terminate with completion or discontinuation of such residency training. Annual Dues are waived.

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 Louisiana State Urological Society.

Payment Information

- Check (Payable to WJ Weiser Meetings)
 Credit Card: Visa MasterCard American Express

Card Number _____

CVV # _____

Expiration Date _____

Cardholder's Signature _____

Please forward application and fee / dues to:

Louisiana Urological Society
Membership Department
Two Woodfield Lake
1100 E Woodfield Road, Suite 350
Schaumburg, IL 60173
Phone: (847) 517-7225 • Fax: (847) 517-7229
Email: lasus@wjweiser.com