



# 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. \$100.00 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 Urological Society.

## Payment Information

Check (Payable to WJ Weiser Meetings)

*Please note: If paying by credit card, the name WJ Weiser & Associates (the management company of LUS) will appear on your statement.*

Credit Card:  Visa  MasterCard  American Express

Card Number \_\_\_\_\_

CVV # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

*The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.*

## 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