



Application for Membership

MEMBERSHIP CATEGORIES:

- Active Membership: \$100 USD Annual Dues Payment.** An Active member is defined as someone who is a Board Certified Urologist or its foreign equivalent who has demonstrated interest in any aspect of renal/organ transplantation, kidney surgery, surgery for ESRD and/or vascular surgery.
- Associate Membership: No annual dues.** An Associate member is defined as someone who is in an ASTS approved fellowship. A letter from the fellowship is required when applying for this category.

FULL NAME _____ CREDENTIAL(S) _____

MEDICAL LICENSE? Yes No STATE/COUNTRY OF LICENSURE _____

ARE YOU BOARD CERTIFIED? Yes No CERTIFICATION DATE _____

DATE OF BIRTH _____ GENDER: MALE / FEMALE _____

MAILING ADDRESS: (Please select one: Home or Work)

PRACTICE/INSTITUTION NAME _____

ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

COUNTRY PRIMARY PHONE # _____ PRIMARY FAX # _____

PRIMARY EMAIL _____

PAYMENT INFORMATION

- Check (Payable to Urologic Society for Transplantation and Renal Surgery)

SIGNATURE OF APPLICANT _____ DATE _____

Please forward the application, your CV and dues to:

Urologic Society for Transplantation and Renal Surgery (USTRS)
1950 Old Tustin Avenue, Santa Ana, CA 92705

Phone: (714) 550-9155

Fax: (714) 550-9234

Email: info@ustrs.org