

**LOUISIANA GASTROENTEROLOGY SOCIETY  
APPLICATION FOR MEMBERSHIP**

Active Membership       Associate Membership       Physician in Training

Name of applicant: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

MD / DO Degree (Circle One)      Year: \_\_\_\_\_

Licensed in state/parish or hospital/registry #): \_\_\_\_\_

Primary Area of Intent: (May check more than one)

<input type="checkbox"/> General GE and Endoscopy	<input type="checkbox"/> Therapeutic Endoscopy
<input type="checkbox"/> Hepatology	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Research and Training	

**Postgraduate Training and Dates:**

**Internship:**

\_\_\_\_\_

**Residency:**

\_\_\_\_\_  
\_\_\_\_\_

**Fellowship:** \_\_\_\_\_

**Special Training & Experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Specialty Board/Certificate Number/Dates Board Certification:**

\_\_\_\_\_

**Present Academic Affiliations and Teaching Appointments:**

\_\_\_\_\_  
\_\_\_\_\_

**Membership in Medical Societies:**

\_\_\_\_\_

**ENDORSEMENT**

Please list two members of LGS or one member of LGS and the Chief of Service during training in gastroenterology.

**FIRST SPONSOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

ACTIVE MEMBER LGS? \_\_\_ Yes \_\_\_ No CHIEF OF SERVICE: \_\_\_ Yes \_\_\_ No

**SECOND SPONSOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

ACTIVE MEMBER LGS? Yes No CHIEF OF SERVICE: Yes No

Please submit names for endorsement as listed above. We will write for letters of recommendation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**GENERAL INFORMATION**

Membership Dues: \$150/year for regular members **GI Fellows join free**

Please make checks payable to: "Louisiana Gastroenterology Society"

Return application to: Louisiana Gastroenterology Society  
ATTN: Dewanna Babin  
9103 Jefferson Highway, Baton Rouge, LA 70809