

# Application for Membership



- FULL MEMBER:** A (MD, or DO) who has completed residency training and demonstrates strong interest in the field. A PhD or basic science researcher recognized within the field or Physicians in fellowship training programs related to the field. The individual must submit two letters of recommendation from Full members. The admission period is rolling. This category includes voting rights on society issues.
- AFFILIATE MEMBER:** An individual with an interest in the field who does not satisfy the criteria as a Full Member including physicians in residency training, medical students, allied health professional (nurse, NP, PA) and physical therapists. Letters of recommendation are not needed. The admission period is rolling. There are no voting privileges.
- AFFILIATE INTERNATIONAL MEMBER:** An individual (MD, PhD, DO) in good standing in their parent organization that has a signed letter of collaboration with SUFU. There are no voting privileges and no subscription to the journal of the society. Letters of recommendation are not needed. The admission period is rolling.
- CORPORATE MEMBER:** An industry related individual with an interest in the field who does not satisfy the criteria for Member or Affiliate Member. Letters of recommendation are not needed. The admission period is rolling. There are no voting privileges.

Name \_\_\_\_\_ Gender \_\_\_\_\_ M or F

Degree(s) \_\_\_\_\_ Preferred Mailing Address  Office  Home

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

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residency Program \_\_\_\_\_ Completion Date: \_\_\_\_\_

Fellowship Program \_\_\_\_\_ Completion Date: \_\_\_\_\_

Current Position \_\_\_\_\_

Number of Refereed Publications \_\_\_\_\_

**Required for Full Member applicants only: List two Full Members of the society who will forward reference letters on your behalf:**  
*Please note it is the applicant's responsibility to have letters of recommendation submitted to complete application.*

1) \_\_\_\_\_ 2) \_\_\_\_\_

Please email, fax or send your completed application and CV to: Email: [info@sufuorg.com](mailto:info@sufuorg.com)  
Fax: (847) 517-7229

Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction  
Two Woodfield Lake  
1100 East Woodfield Road, Suite 350  
Schaumburg, IL 60173  
Phone: (847) 517-7225

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_