



**ACTIVE MEMBERSHIP \$50.00 USD (Annual Dues/ Application Fee)**

Active membership is limited to licensed physicians who 1) graduated a medical school accredited by The Accreditation Council for Graduate Education (ACGME) and 2) reside and practice urology in the state of North Carolina with an unrestricted license to practice medicine.

**ASSOCIATE MEMBERSHIP \$25.00 USD (Annual Dues/ Application Fee)**

Health care providers in related fields of medicine and science who are not eligible for Active Membership.

Date \_\_\_\_\_

Name \_\_\_\_\_

Degree(s) \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Preferred Mailing Address  Home  Office

Email \_\_\_\_\_

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

Hospital Affiliation \_\_\_\_\_ Practice Size \_\_\_\_\_

**Postgraduate Training**

Residency \_\_\_\_\_  
INSTITUTION LOCATION DATES

Fellowship \_\_\_\_\_  
INSTITUTION LOCATION DATES

Board Certification \_\_\_\_\_ Date \_\_\_\_\_

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

**Payment Information**

- Check (Payable to NC Urological Society)  
 Visa  MasterCard  American Express

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

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

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

Card-holder Signature \_\_\_\_\_

**Please forward application and fee / dues to:**

NC Urological Society  
Membership Department  
1100 E. Woodfield Road, Suite 350  
Schaumburg, IL 60173  
P: (847) 517-7225  
F: (847) 517-7229  
E: ncu@wjweiser.com