



SC Urological Association

1100 E. Woodfield Road, Suite 350, Schaumburg, IL 60173; (847) 517-7225 FAX: (847) 517-7229

SC Urological Association

Application for Membership

Membership Categories:

I am applying for:

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

Active Membership in this society is limited to licensed physicians of who reside and practice urology in the state of South Carolina and have an unrestricted license to practice medicine. \$50 payment of annual dues is required.

Date _____

Name _____ Degree(s) _____ Sex: _____

Office Address _____

City: _____ State/Province _____ Zip/Postal code _____

Email _____ Telephone _____ Fax _____

Home Address _____

City: _____ State/Province _____ Zip/Postal code _____

Preferred Mailing Address: () Office () Home

Hospital Affiliation _____

Practice Size _____ Preferred Malpractice Insurance Company _____

What area of subspecialty: (check all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Endourology | <input type="checkbox"/> Female Urology | <input type="checkbox"/> Sexual Medicine |
| <input type="checkbox"/> General Urology Adults | <input type="checkbox"/> Male Infertility | <input type="checkbox"/> Pediatric Urology | <input type="checkbox"/> Urologic Oncology |

Payment Information

- Check (Payable to SCUA)
- Credit Card: Visa MasterCard American Express (circle)
- Card Number _____
- CVV # _____
- Expiration Date _____
- Cardholder's Signature _____

Please forward application and fee / dues to:

SC Urological Association
 Membership Department
 Two Woodfield Lake
 1100 E Woodfield Road, Suite 350
 Schaumburg, IL 60173
 Phone: (847) 517-7225 • Fax: (847) 517-7229
 Email: scua@wjweiser.com