



FLORIDA GASTROENTEROLOGIC SOCIETY

- APPLICATION FOR MEMBERSHIP -

NAME & ADDRESS (Please type or print clearly)

Name _____

Business or School Name _____

Department/Division _____

Address _____

Phone _____ Fax _____

E-mail _____

Check one: Private Practice Academic

OTHER MEDICAL SOCIETIES

Active membership in other medical societies:

AGA AMA ACG FMA ASGE FACP

Other _____

Other _____

LETTERS OF REFERENCE

Applicant is responsible for obtaining one (1) professional letter of reference from:

His/her former GI Chief **OR** one letter from any two active FGS members,
OR adequate documentation of GI training program certificate.

1. Name and Address _____
of GI Chief: _____

2. Names and Addresses _____
of two FGS Members: _____

3. Adequate documentation of GI training program completion (please attach)

Applicant Signature _____ Date _____

Direct Completed Application to:

Bill Bouck, Executive Director
Florida Gastroenterologic Society
PO Box 540363, Opa-Locka, FL 33054

Phone: 305-687-1367 • Fax: 305-687-2490 • E-mail: wtbouck@bellsouth.net