



Society of Genitourinary  
Reconstructive Surgeons

# Membership Application

**Applicant Submission Checklist:**

Completed Application and Annual Dues payment

Curriculum Vitae, abbreviated form, preferably the NIH format

Surgical Case Log, 12-month period (to include all prosthetics, incontinence, and urethroplasty).

Surgical log must include: patients initials or hospital identification number; date of procedure; and surgical procedure completed.

6-month period, case log is acceptable for Fellows. Those who cannot meet case log requirement may submit a personal statement of their interest in genitourinary reconstructive surgery and membership in the Society.

**One Sponsor Letter from an Active Member of the Society. Your sponsor may mail, fax, or email their letter directly to the GURS Headquarters.**

**Membership:**

**ACTIVE MEMBERSHIP (\$150.00 USD Annual Dues):** Active members are defined as surgeons or others who must demonstrate significant interest in the field of genitourinary reconstructive surgery. Annual Dues for **International Members** are based on the World Bank Classification. Please review the [GURS International World Bank Classification](#) in order to determine your Dues rate.

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Credential(s): \_\_\_\_\_

Title: \_\_\_\_\_ Institution/Organization: \_\_\_\_\_

Medical License:  Yes  No

State/Country of Licensure: \_\_\_\_\_

Are you Board Certified?  Yes  No

Hospital Affiliations: \_\_\_\_\_

Specialty: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  M or  F

Preferred Mailing Address ( Home or  Work): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Mailing Address ( Home or  Work): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Information:**

Check: Society of Genitourinary Reconstructive Surgeons    Credit Card:    Visa    MasterCard    American Express

Annual Dues:    A: \$150    B: \$75    C: \$50 (To confirm your dues rate, please refer to the [World Bank Classification](#)) Card

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

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

Submit Application Packet to Society of Genitourinary Reconstructive Surgeons:

1061 E. Main Street, Suite 300, East Dundee, IL 60118

If you have questions, contact GURS at (847) 752-5355 or [info@societygurs.org](mailto:info@societygurs.org)

Office Use Only:

Date Received:	Date Approved:	Order Number:	ID Number:
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Visit GURS website at [www.SocietyGURS.org](http://www.SocietyGURS.org)