LUGPA
Integrated Practices Comprehensive Care

MEMBERSHIP APPLICATION

PLEASE TELL US ABOUT YOUR UROLOGY GROUP PRACTICE

Requirements for Membership are as follows: a partnership, corporation, company, or other business that is engaged in the independent practice of urology and is located in the United States of America, consisting of 50 states, a federal district (DC), and five major unincorporated territories.

There are two membership categories:

1. Standard members are independent urology groups of **five (5) or more** urologists and/or urogynecologists
2. Associate members are independent urology groups of **less than five (5)** urologists and/or urogynecologists

SUBMITTER INFORMATION

First Name: _____ **Last Name:** _____

Phone: _____ **Email:** _____

PRACTICE INFORMATION

Name of Corporation (the legal name of your group practice):

_____

Address: _____

City: _____ **State:**_____ **Zip:** _____ **Country:** US

Phone: _____ **Fax:** _____

Corporate Website Address: _____

Current Number of: **Urologists:** _____ **Urogynecologists:** _____ **Offices in Your Group:** _____

Is Your Practice Multispecialty? ☐ Yes ☐ No **Is Your Practice Academically Affiliated?** ☐ Yes ☐ No

Number of Physician Assistants: _____ **Number of Nurse Practitioners:**_____

WHICH OF THE FOLLOWING SERVICES DOES YOUR PRACTICE PROVIDE

☐ In-Office Dispensing ☐ Pathology ☐ Laboratory ☐ Pharmacy ☐ Surgery Center ☐ Urodynamics

☐ Chemotherapy ☐ Radiation Center ☐ Physical Therapy ☐ Mona Lisa Touch ☐ Research Capabilities

Imaging: ☐ CT ☐ MRI ☐ X-Ray ☐ Dexascan ☐ Abdominal/Renal Ultrasound

☐ Scrotal Ultrasound ☐ Transrectal Ultrasound

Radiation: ☐ Cyberknife ☐ IMRT

POTENTIAL EXPANSION TO INCLUDE

Number of Additional: **Urologists:** _____ **Urogynecologists:** _____ **Offices in Your Group:** _____

Expected Date of Completion:_____

REQUIRED INFORMATION: Collect the following individual demographics for Urologists, Urogynecologists, COOs, CEOs, Practice Administrators and physician extenders. **Please send a Member Census Spreadsheet, which can be found as an attachment here, with your application to lwilliams@lugpa.org.**

PLEASE NOTE: Membership will not be approved until a full listing of all urologists and urogynecologists is collected.

First Name: _____ **Last Name:** _____

Degree(s) Designation: _____ **Date of Birth:** _____ **Gender:** ❑ Male ❑ Female

Role: Other **Professional Title:** _____

Email: _____

Use Corporate Address? ❑ Yes ❑ No

Company/Practice Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Direct Phone: _____

*Questions regarding membership or this form? Contact LaShawn Williams at **lwilliams@lugpa.org.***

If you prefer not to submit your application electronically, you can mail your application, along with the census information from the LUGPA membership census spreadsheet to:

LUGPA Headquarters
875 N. Michigan Avenue, Suite 3100
Chicago, IL 60611
Phone: (312) 794-7790 Email: info@lugpa.org