



# Application for Membership

---

## PLEASE TELL US ABOUT YOUR LARGE UROLOGY GROUP PRACTICE

### Membership Categories:

**Active**

Requirements for Active Membership are as follows: a partnership, corporation, company or other business with ten (10) or more physician urologists that is engaged in the practice of urology and is located in the boundaries of the United States of America.

**Associate**

Requirements for Associate Membership are the same as Active Membership. Associate Members have less than ten (10) and more than five (5) physician urologists. At anytime Associate Members may upgrade their membership status in the Corporation to Active Membership when eligible.

### PRACTICE INFORMATION

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

---

**Number of Urologists in your Large Urology Group Practice** \_\_\_\_\_

**Number of Offices in your Large Urology Group Practice** \_\_\_\_\_

**Potential expansion to include** \_\_\_\_\_ **Offices and** \_\_\_\_\_ **Urologists, expected** \_\_\_\_\_ **(date)**

**Is your practice multispecialty?**  **Yes**  **No**

**Is your practice academically affiliated?**  **Yes**  **No**

**Corporate Mailing Address:** *(the mailing address of your corporate headquarters)*

**Address 1:** \_\_\_\_\_ **Address 2:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Corporate Website Address:** \_\_\_\_\_

---

**CORPORATE CONTACT (CHIEF OPERATING OFFICER, PRACTICE ADMINISTRATOR, CEO OR ITS EQUIVALENT)**

**First Name:**                      **Middle Name:**                      **Last Name:**                      **Degree(s):**

---

**Work Title:**                      **Phone:**                      **Email:**

---

**Practice Mailing Address:** *(where you would like to receive mail or other correspondence)*

Same as Corporate Address from above?

**Address 1:**    **Address 2:**    **City:**

---

**State:**                      **Zip/Postal Code:**                      **Country:**                      **Phone:**

---

**Fax:**

---

**Please forward application to:**

Large Urology Group Practice Association, Inc.  
Membership Department  
Two Woodfield Lake  
1100 East Woodfield Road, Suite 520  
Schaumburg, IL 60173  
Phone: (847) 517-7225 • Fax: (847) 517-7229  
Email: [info@lugpa.org](mailto:info@lugpa.org)