



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 boundaries of the United States of America.

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: _____

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 of drugs Laboratory Pathology Surgery Center

Imaging: CT MRI X-Ray

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 and Practice Administrators. **Please include a member census spreadsheet containing the below fields with your application.**

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: _____ Professional Title: _____

Email: _____

Use Corporate Address? Yes No

Company/Practice Name: _____

Address: _____

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

Direct Phone: _____

Please forward your application, along with the census information from the LUGPA membership census spreadsheet to:

LUGPA Membership Department
Two Woodfield Lake
1100 E. Woodfield Road, Suite 350
Schaumburg, IL 60173

Phone: (847) 517-7225 Fax: (847) 517-7229 Email: info@lugpa.org