

**American College of Gastroenterology Auxiliary
Membership Application 2016**

Please fill in the information below so that you may be included in our membership directory and receive priority information about the ACG Auxiliary.

**Please print clearly – THANK YOU!*

ACG Auxiliary Member Name _____

Spouse/Significant Other Name _____

Address _____

City _____ *State* _____ *Zip Code* _____

Home Phone _____ *Work Phone* _____

Fax _____ *Email* _____

I would like to help with the 2016 Hospitality Suite in Las Vegas, NV – please email Carol Rubin at legal1cj@aol.com or rmremily@comcast.net for more information

I am interested in becoming an ACGA office– please email Patrice Koscheski at pakoscheski@gmail.com or Mimi Chung at mimikwo@gmail.com for more information or any questions

Comments and suggestions are appreciated! _____

Thank you for joining ACGA!

*Your dues help to provide grant money and awards for young researchers,
and support programs of interest to our members.*

*Make your check for \$30 payable to the ACGA and return it to: Attn:
ACG Auxiliary Membership c/o ACG 6400 Goldsboro Road, Suite 200,
Bethesda, MD, 20817-5842.*

Ph: 301-263-9000/ Fax: 301-263-9025.