



**North Carolina Society of Gastroenterology
Application for Allied Health Membership**

1. Instructions

A. Print or type all responses. The completed form can be returned by mail, fax or email.

By Mail: North Carolina Society of Gastroenterology
1112 Harding Place, Suite 200
Charlotte, NC 28204

By Fax: 704-376-3173 (secure line)

By Email: sbuchanan@meckmed.org

2. List name of Proposer in the space provided.
3. Enclose check or complete credit card information for membership dues.

Complete all fields.

3. Full Name _____

4. Organization _____

5. Home Address _____

Office Address _____

6. Phone _____

Phone _____

7. Fax _____

Email* _____

Cell _____

***NCSG will not share your email address with outside parties.**

Education

Undergraduate School _____

Degree _____ Graduation Date _____

Advanced Education School _____

Degree _____ Graduation Date _____

Full Name of Applicant _____

Proposer's Information (Required)

Your proposer must be your employer and an NCSG Member.

Proposer's Name _____

Proposer's Phone _____

Proposer's Email _____

Proposer's Signature _____ Date _____

Proposer's Name (Printed) _____

Applicant's Signature _____ Date _____

Member Dues

North Carolina Society of Gastroenterology dues may be paid by check, VISA, MasterCard or American Express. **Send completed form by secure fax to 704-376-3173 or mail to address on the first page.**

1-year Allied Health Membership (**\$100**)

3-year Allied Health Membership (**\$275**)

Account # _____ Expiration Date _____

Signature of Card Holder _____

Printed Name of Card Holder _____

NCSG is a 501(c)(3) organization, dues can be either a charitable deduction or business expense.