Membership Application / Renewal Form

membership period 20.. (January 20.. to December 20..)

[please enter the relevant year]

Comparative Gastroenterology Society
c/o Dr. Jan S. Suchodolski
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Name: _______________________________________________________________________

☐ there has been no change in my contact information - use last year’s information

Credentials: __________________________________________________________________

Institution: ___________________________________________________________________

Address: ________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Telephone: ____________________________ FAX: ________________________________

e-mail: _______________________________________________________________________

please add my e-mail address to the CGS listserv: O yes O no

membership status: O new member O renewal O training

dues:

if paid by check (please mail check and form to the address above):

members: O $30/1 year O $60/2 years O $90/3 years

members in training: O $10/1 year

using paypal (please mail form, go to paypal.com, and pay to jsuchodolski@cvm.tamu.edu):

members: O $32/1 year O $64/2 years O $96/3 years

members in training: O $11/1 year