

**CALIFORNIA GERIATRICS SOCIETY (CAGS)
MEMBER APPLICATION FORM
(Please Print)**

Date_____

First name_____ Last Name_____

Titles(s)_____

Degree(s)_____

Employer_____

Position_____

E-Mail Address_____

Work Phone_____ Home Phone_____

Work Fax_____ Home Fax_____

Mailing Address

Street_____

City_____ State_____ Zip_____

Are you a member of AGS (not required for CAGS membership)? Yes___No___

What would you like to do to help CAGS grow? (Please use other side if needed)

Are you willing to serve on a CAGS Committee? Yes___No___

If Yes, which of the following committees are of interest, you may check more than one:

Education___ Fundraising___ Public Policy and Legislative___

Newsletter___ Website Design and Updating___

Dues for 2010:

Total \$25.00, (No fee for health professionals in training)

Please make your check out to CAGS

Mail your check and application to:

CAGS,
PO Box 1400
Mendocino, CA 95460

NOTE: If you are already an AGS member, you can pay both your AGS & CAGS dues through the AGS "members only" part of their website at "my AGS."

Also, the AGS dues mailing address is different from the CAGS mailing address above.

Additional Comments: (Please use other side if needed)