

About GSR

The Society has members throughout the state of Georgia and has been active in the state since 1967.

The Society engages in a number of services and activities to serve members including: continuing medical education and advocacy for members.

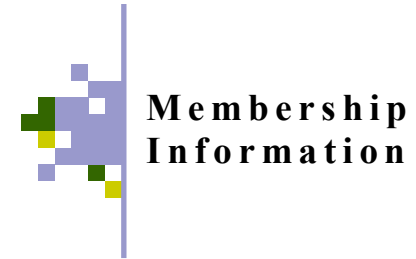
GSR Membership is comprised of Rheumatologists and Orthopaedists who specialize in all aspects of arthritis and osteoarthritis including diagnosis and management of rheumatic diseases and disorders.

Membership

Any physician, who is in private practice or academics and their practice area is rheumatology, is eligible for membership.

Your Dues Will Support:

- ◆ Annual scientific meetings
- ◆ Website: www.garheumatology.org
- ◆ Communication of important information
- ◆ Statewide directory of all members
- ◆ Liaison with agencies such as:
 - ◆ ACR
 - ◆ Medicaid
 - ◆ Public Health
 - ◆ MAG



Georgia Society of Rheumatology

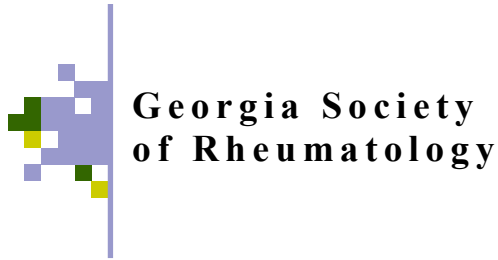
6134 Poplar Bluff Circle
Suite 101
Norcross, GA 30092

Maryann McGrail, Executive Director
404-310-5866 mobile
maryann@theassociationcompany.com

770-613-0932 tel
305-422-3327 fax
www.garheumatology.org

MEMBERSHIP APPLICATION

(print out and fax completed form to the GSR office at 305-422-3327)



**Georgia Society
of Rheumatology**

Member Categories

(select the appropriate level)

Active Member - \$100 annually
Physician members holding a M.D. or D.O. degree and having a particular interest in some phase of arthritis and rheumatic diseases.

Associate Member - \$50 annually
Physician assistants and nurse practitioners directly supervised by a Rheumatologist.

Training Member - \$25 annually
Graduate physician who is in a residency or fellowship training program specializing in arthritis and rheumatic diseases.

Meetings

The Association holds an annual meeting Each June at various locations around the state. This is our largest annual CME event. We hold our annual business meeting at this time.

Every 4 to 8 weeks we hold a meeting of the Metropolitan Atlanta Rheumatology Society. These are continuing medical education sessions that are planned around the metro area. All members are invited to attend.

Name (Please Print or Type): _____

Work Address: _____

Work Phone: _____ Work Fax _____

Home Address: _____

Home Phone: _____ Home Fax _____

E-mail: _____

Birthdate: _____ License #: _____

Year of Degree _____ Medical School: _____

Residency Training: _____

Medical Specialties: _____

American Specialty Boards: _____

Type of Practice (*circle one*): Private or Academic

National/Scientific Medical Societies: _____

Member of MAG? Yes _____ No _____

Signature

Date