



CANDIDATE MEMBERSHIP APPLICATION

Applications for Candidate Membership must include proof of acceptance in an accredited Pediatric Urology Training Program or Fellowship and current participation in or completion of an accredited residency training program in urology. Please be sure to attach all requested documentation to this application. The candidate should also be board eligible in urology.

Name _____
Last First Middle

Permanent Address (Office) _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ FAX _____ E-mail _____

Please note that the above fields are all REQUIRED on your application

Date Of Birth _____ Place _____ Age _____ Sex _____

Preliminary Education:

College _____ Year _____ Degree _____

Medical Education:

College _____ Year _____

Internship:

Program _____ Years _____

Residencies:

Program _____ Years _____

Program _____ Years _____

Fellowships:

Program _____ Years _____

Are you currently Board Eligible In Urology? _____ Yes _____ No

Applicant Signature

Date

*Please return your completed application to the Membership Chair, SPU
900 Cummings Center, Suite 221-U, Beverly, MA*