



international urogynecological association

Advancing Urogynecological knowledge around the world

Affiliate Society Membership Application

Society Name: _____

Society Contact Name: _____

Email Address: _____

Society Mailing address (if applicable): _____

City: _____ State/province: _____

Country: _____ Zip/postal code: _____

Number of Members Applying for IUGA Affiliation: _____

Please ensure your application is accompanied by a letter, signed by your society's president, which includes the following information:

- The society's mission statement and/or goals
- Major accomplishments over the past 2-3 years
- Expected accomplishments in the next 2-3 years
- A list of the society's board members

This application and letter will be provided to the IUGA Board for a decision about your association's affiliation. You will receive a response within 60 days of receipt of this application.

Please submit your letter and application to the IUGA Executive Office at membership@iuga.org
Thank you for your interest in becoming an IUGA Affiliate Society!