

APPLICATION FOR MEMBERSHIP

Eligibility in either the American Board of Obstetrics and Gynecology or American Osteopathic Board is required for Active Membership. Non-physicians with a professional interest in OB/GYN may apply for Associate Membership. All applicants must be approved by Executive Committee.

Name:		Credentials	Credentials: Office Telephone:		
Office Address	:	Office Telephone:			
City:	State/Zip:	Office Fax:			
	print clearly) pail will be used to send you n				
In Association	with:				
Referred by (S	ociety Member):				
Hospital Staff .	Appointments				
Hospital		Staff Catego	Staff Category		
	ce: Private Practice or Full				
Dates			Type of Practice		
	Signature of Applicant		Date		
	Dues: Active	th abbreviated C.V. to address above \$499, Retired \$299, Affiliate \$299 s: July 2024 – June 2025			

MC_	_Visa	#	Exp	3digit code	Billing ZIP
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Check # _____

Or pay online through paypal: <u>www.phxobgynsociety.org</u> – click on "Dues" tab