



ASSOCIATE MEMBERSHIP APPLICATION

Requirements for Associate Membership Applicants

Associate membership may be conferred by the SGO Council on physicians and individuals who through professional training and/or experience in women's health care are able to further the mission of the Society and who satisfy one of the following qualifications:

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| <ol style="list-style-type: none">1. Practicing board certified physicians of other specialties2. Practicing American Osteopathic Board of Obstetrics and Gynecology (AOBOG) osteopathic board certified gynecologic oncologists.3. A scientist who holds a doctoral degree and devotes a substantial portion of his/her professional time investigating the biology, diagnosis, prevention or treatment and other areas of gynecologic cancers.4. Candidate members who have reached the eight (8) year limit for Candidate Membership and who are not yet eligible for Full Membership. | <p>QUALIFICATIONS:</p> <ol style="list-style-type: none">i) Be of high moral, ethical, and professional standing.ii) Fully licensed as a Doctor of Medicine or possess a doctorate degree in the applicant's field of study.iii) Graduation or completion of training from an accredited university training program.iv) Certification, registration or licensure by their specific state, national organization or Board of specialty, if applicable.v) A minimum of one year active practice. |
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Instructions

1. Complete the enclosed application form and attach the following:
 - a. Application fee of \$75.00USD. Checks should be made out to **SGO**.
 - b. Passport size photograph.
 - c. A copy of the certificate or letter from the certifying board verifying board certification.
 - d. Two (2) letters of recommendation; at least one from an active member of SGO.
 - e. Copy of CV (should include publications and presentations).
 - f. Only completed applications will be accepted.
 - g. Dues in the amount of \$500.00 USD will be invoiced upon membership approval.
2. **Failure to follow these guidelines exactly will cause your application to be returned in order to obtain compliance, and may delay approval of your application.**
3. **Main deadline: July 31st**
Applications are accepted throughout the year as needed
4. Send completed applications to:
**Society of Gynecologic Oncology
230 W. Monroe Street, Suite 710
Chicago, IL 60606-4703 USA**

or e-mail to: membership@sgo.org

PERSONAL INFORMATION

Name			
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth		
Place of Birth			
Citizenship			
Title			
Institution			
MAILING ADDRESS			
Street			
City			
State/Province			
Country	Postal Code		
Phone Number (Country Code + City Code + Number)			
FAX (Country Code + City Code + Number)			
Email			
PROFESSION			
<input type="radio"/> Family Practice	<input type="radio"/> PhD		
<input type="radio"/> Geneticist	<input type="radio"/> Primary Care		
<input type="radio"/> Gynecologic Oncologist (AOBOG)	<input type="radio"/> Surgical Oncologist		
<input type="radio"/> OB/GYN	<input type="radio"/> Veterinarian		
PROFESSIONAL DESIGNATION			
<input type="radio"/> MD	<input type="radio"/> DO	<input type="radio"/> DVM	<input type="radio"/> MBBS
<input type="radio"/> Other _____			

PROFESSIONAL INFORMATION

University/College	
Degree	Date
Graduate School	
Degree	Date
Medical School	
Degree	Date
Residency	
Degree	Date

PROFESSIONAL INFORMATION CONTINUED

Fellowship	
SPONSORS	
1	
2	
LICENSURE or REGISTRY	
Number	State
Countries where licensed	
Certification	
Board Certification	
Specialty Certification	
ACADEMIC APPOINTMENTS	
1	
2	
HOSPITAL AFFILIATIONS (provide names and addresses)	
1	
2	
Clinical Practice	
HOSPITAL STAFF APPOINTMENTS (provide names and addresses)	
1	
2	
Any investigations pending? <input type="radio"/> Yes <input type="radio"/> No	
Any license revocations or restrictions? <input type="radio"/> Yes <input type="radio"/> No	
Any felony convictions? <input type="radio"/> Yes <input type="radio"/> No	

In furtherance of my application for membership in the Society of Gynecologic Oncology (SGO), I hereby authorize the evaluation and validation of my credentials by SGO in accordance with and subject to the rules and procedures of the SGO.

I request and authorize any hospital, medical staff, medical organization or individual who may have information (including, but not by way of limitation, medical records, patient records, and reports of committees) which they deem relevant to my fitness for membership in SGO to provide such information to SGO.

I hereby release from liability and waive any claim for damages that I may have against SGO, its officers, directors, members, employees and agents for any acts that they may perform in good faith in connection with my application, and any hospital, medical staff, medical organization or individual supplying information with respect to my application.

I understand that the decision as to whether I am qualified to be submitted to SGO membership for election rests solely and exclusively in the SGO Council, and that its decision is final.

I attest that the information presented in this application is truthful and accurate.

Please place photograph here

Signature	Date
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PAYMENT METHOD	
<input type="radio"/> Check Enclosed payable to SGO	Please charge my Credit Card <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express
Name as it appears on card	
Card Number:	
Card Security Code	Expiration Date (MM/YY)
<input type="radio"/> I authorize the use of my credit card for the following charges. <input type="radio"/> Application Fee \$75.00 (USD)	
Card Holder Signature	Date

CREDIT CARD BILLING ADDRESS	
Street	
City	
State/Province	
Country	Postal Code

If you are submitting this form electronically, please attach a digital photo to the e-mail when sending.

SUBMIT
Click here to submit to membership@sgo.org