



CANDIDATE MEMBERSHIP APPLICATION

Requirements for Candidate Membership Applicants

Candidate Membership shall be reserved for physicians that have completed an American Board of Obstetrics and Gynecology (ABOG) approved post-residency fellowship training program in gynecologic oncology OR an ABMS fellowship training program in pathology, medical oncology or radiation oncology and are awaiting certification.

All candidates must satisfy the following qualifications:

QUALIFICATIONS:

- i) Training in their respective field from an accredited ABOG gynecologic oncology or ABMS pathology, medical oncology or radiation oncology fellowship program.
- ii) Verification of graduation from accredited ABOG gynecologic oncology or ABMS pathology, medical oncology or radiation oncology fellowship program.

Instructions

1. Complete the enclosed application form and attach the following:
 - a. Application fee of \$75.00 (USD). Checks should be made out to **SGO**.
 - b. Passport size photograph.
 - c. Verification of graduation from Fellowship Program Director.
 - d. Only completed applications will be accepted.
 - e. Dues in the amount of \$500.00 (USD) will be invoiced upon membership approval.
2. **Failure to follow these guidelines 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	
Countries where licensed	
Medical Society Affiliation	
INSTITUTION MAILING ADDRESS	
Street	
City	
State/Province	
Country	Postal Code
Phone Number (Country Code + City Code + Number)	
FAX (Country Code + City Code + Number)	
Email	
FUTURE MAILING ADDRESS	
If you have not chosen a future place of employment, please provide the SGO with your home mailing address.	
Start Date	
Title	
Institution Name	
Street	
City	
State/Province	
Country	Postal Code
Phone Number (Country Code + City Code + Number)	
FAX (Country Code + City Code + Number)	
Email	

HOME ADDRESS	
Start Date	
Title	
Institution Name	
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"/> Gynecologic Oncologist	<input type="radio"/> Medical Oncologist
<input type="radio"/> Pathologist	<input type="radio"/> Radiation Oncologist
PROFESSIONAL DESIGNATION	
<input type="radio"/> MD	<input type="radio"/> DO
<input type="radio"/> PhD	<input type="radio"/> MBBS
<input type="radio"/> Other _____	

PROFESSIONAL QUALIFICATIONS

Residency	
Degree	Date
Fellowship Institution	
Start Date	Completion Date

FELLOWSHIP PROGRAM DIRECTOR USE ONLY

Fellowship Director's Name
Signature

Director may email SGO at membership@sgo.org with verification if signature cannot be obtained.

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