



## SENIOR MEMBERSHIP APPLICATION

### **Requirements for Senior Membership Applicants**

Full Members may request Senior Member status at age 65 or upon retirement from the health care field.

All candidates must satisfy the following qualifications:

1. Full Member in good standing
2. Age 65; or
3. Retired from the healthcare field.
4. Until senior status is approved, Full Members are responsible for the corresponding annual dues and requirements reflective of their Full Member status.

### **Instructions**

1. Complete the enclosed application form and attach the following:
  - a. Date of retirement from the healthcare field.
  - b. Only completed applications will be accepted.
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](mailto:membership@sgo.org)

## SENIOR MEMBERSHIP APPLICATION

Name	Gender <input type="radio"/> Male <input type="radio"/> Female
Date of Birth <div style="text-align: center;">____/____/____</div>	Date of Retirement <div style="text-align: center;">____/____/____</div>

CURRENT CONTACT INFORMATION	
Street	
City	
State/Province	
Country	Postal Code
Phone Number (Country Code + City Code + Number)	
FAX (Country Code + City Code + Number)	
Email	

PREVIOUS PROFESSIONAL INFORMATION	
Title	
Institution	
Street	
City	
State/Province	
Country	Postal Code
Phone Number (Country Code + City Code + Number)	
FAX (Country Code + City Code + Number)	
Email	

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 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.

Signature	Date
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SUBMIT

Click here to submit to [membership@sgo.org](mailto:membership@sgo.org)