



Society of Gynecologic Oncology

Requirements for Allied Membership

Allied Membership may be conferred by the SGO Board of Directors on non-physician specialists who have demonstrated their ability to participate in the care and treatment of patients with gynecologic cancers and who satisfy one of the following qualifications:

- Graduation or completion of training from an accredited university training program.
- Certification, registration or licensure by their specific state, national organization or Board of specialty, if applicable.
- Eligible for membership in his or her professional discipline's national association.
- Demonstrated interest in gynecologic oncology practice, research or education.
- Adequate experience in caring for women with gynecologic cancers, such experience to be evaluated by the Membership Committee and SGO Board of Directors.
- A minimum of one year active practice.

INSTRUCTIONS

1. Complete the enclosed application form and attach the following:
 - a. Payment of \$210.00 USD: Application Fee of \$25.00 and the first year's dues of \$185. If the application is not approved, the dues amount will be refunded via the original form of payment.
 - b. Digital photograph emailed to membership@sgo.org.
 - c. A copy of the certificate or letter from the certifying board verifying board certification.
 - d. Copy of CV (should include publications and presentations).
2. **Only completed applications will be accepted. 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. Send completed applications to:
Society of Gynecologic Oncology
230 W. Monroe St., Ste. 710
Chicago, IL 60606-4703 USA

or e-mail to: membership@sgo.org

Completed applications are reviewed by the Membership Committee and the Board of Directors. Members shall be elected by a majority vote of the SGO Board of Directors. Applicants will be notified of their election status within 4-6 weeks of the **completion** of their application.

PERSONAL INFORMATION

Name			
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (MM/DD/YY)		
Place of Birth			
Citizenship			
Title			
Institution			
INSTITUTION MAILING ADDRESS			
Address Line 1			
Address Line 2			
City	State/Province		
Country	Postal Code		
Phone Number (Country Code + City Code + Number)	Fax Number		
Cell Phone Number (Country Code + City Code + Number)			
Email			
PROFESSION			
<input type="radio"/> Clinical Nurse Specialist	<input type="radio"/> Physician Assistant		
<input type="radio"/> Genetic Counselor	<input type="radio"/> Radiation Technician		
<input type="radio"/> Nurse	<input type="radio"/> Research Staff		
<input type="radio"/> Nurse Practitioner	<input type="radio"/> Social Work		
<input type="radio"/> Palliative Care			
<input type="radio"/> Pharmacist			
PROFESSIONAL DESIGNATION			
<input type="radio"/> BS	<input type="radio"/> MS	<input type="radio"/> PA-C	<input type="radio"/> RN
<input type="radio"/> BSN	<input type="radio"/> MSN	<input type="radio"/> PharmD	<input type="radio"/> RT
<input type="radio"/> CMD	<input type="radio"/> MSW	<input type="radio"/> OCN	
<input type="radio"/> Other _____			

PROFESSIONAL INFORMATION

University/College	
Degree	Date
Graduate School	
Degree	Date
Licensure or Registry	
Number	State
Countries where licensed	
Certification	
Board Certification	
Specialty Certification	
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	
PREFERRED MAILING ADDRESS (home address recommended)	
<input type="radio"/> Work <input type="radio"/> Home	
Address Line 1	
Address Line 2	
City	
State/Province	
Country	Postal Code
Phone Number (Country Code + City Code + Number)	
Cell Phone Number (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 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 elected to SGO membership rests solely and exclusively in the SGO Board of Directors; that its decision is final; and that SGO is not a credentialing or certifying body. Membership in the SGO does not confer the right to practice or affect hospital privileges.

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

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"/> Membership \$210.00 USD	
Optional Journal Subscription to <i>Gynecologic Oncology</i>*	
<input type="radio"/> Subscription \$121.00 USD	
Total Amount \$ _____	
Card Holder Signature	Date

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

If the application is not approved, the amount of dues will be refunded via the original form of payment. New Member dues received January 1 – June 30 are applied to the current year. Dues received July 1 – December 31 are applied to the following year though membership becomes active upon approval.

*The *Gynecologic Oncology* journal is available to SGO Members at a 77% discount off the list price. Subscriptions include online access to the entire library of *Gynecologic Oncology* and delivery of monthly issues to your preferred address. Subscriptions operate on a calendar year (January – December) only. If you order mid-year, you will be mailed all available back issues for that year.

Make checks payable to SGO and mail with the completed form to the central office.

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For assistance, call 1-312-235-4060 or email membership@sgo.org.