



SENIOR MEMBERSHIP APPLICATION

REQUIREMENTS FOR SENIOR MEMBERSHIP

Members in good standing for the past 5 consecutive years may request **Senior Member** status upon retirement from the health care field.

Until senior status is approved, Members are responsible for their corresponding annual dues and requirements reflective of their Member status.

PRIVILEGES

- May not vote;
- May not hold elective office;
- Are exempt from dues.

APPLICATION PROCESS

- Complete the enclosed application form and include date of retirement from the health care field.
- Submit to: **membership@sgo.org**, or

Society of Gynecologic Oncology
Membership Department
230 W. Monroe St., Suite 710
Chicago, IL 60606-4703 USA
- Completed applications are reviewed by the Membership Committee and the Board of Directors. Members shall be approved for senior status 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.

Senior Member Application

Name	
Date of Birth (MM/DD/YY)	Date of Retirement (MM/DD/YY)

PREVIOUS PROFESSIONAL INFORMATION	
Title	
Institution	
CURRENT CONTACT INFORMATION	
Address Line 1	
Address Line 2	
State/Province	
Country	Postal Code
Phone Number (Country Code + City Code + Number)	
Cell Phone Number (Country Code + City Code + Number)	
Email	

Upon approval of Senior status, your complimentary subscription to the *Gynecologic Oncology* journal will cease the first year in which you do not submit dues. You may continue your subscription by taking advantage of the SGO Member discount of 77% 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.

PAYMENT METHOD	
<input type="radio"/> Check enclosed payable to SGO	<input type="radio"/> Please issue an invoice that I can pay online
Optional Journal Subscription to <i>Gynecologic Oncology</i> *	
<input type="radio"/> Subscription \$121.00 USD	
Total Amount	\$ _____

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 Board of Directors, 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 the completed form to: **membership@sgo.org**, or

Attention Membership Department
Society of Gynecologic Oncology
230 W. Monroe St., Ste. 710
Chicago, IL 60606-4703 USA

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

SUBMIT

Email this completed application
to membership@sgo.org