

**APPLICATION FOR MEMBERSHIP**

**Pacific Northwest Obstetrical and Gynecological Association**

P. O. Box 99410 ♦ Seattle, WA ♦ 98139-0410

*Please type or print - return to above address when complete:*

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Spouse/Partner (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

City State/Province Zip

Office Address: \_\_\_\_\_

City State /Province Zip

**Signature:** \_\_\_\_\_

***Curriculum Vitae***

Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_

***Education:***

\_\_\_\_\_  
*College/Location Degree Date*

\_\_\_\_\_  
*College/Location Degree Date*

\_\_\_\_\_  
*Medical School/Location Degree Date*

\_\_\_\_\_  
*Medical School/Location Degree Date*

***Internship:***

\_\_\_\_\_  
*Hospital/Location Date*

\_\_\_\_\_  
*Hospital/Location Date*

***Residency:***

\_\_\_\_\_  
*College/Location Date*

\_\_\_\_\_  
*College/Location Date*

***Other Post Graduate Training:***

\_\_\_\_\_  
*College/Location Degree Date*

\_\_\_\_\_  
*College/Location Degree Date*

***Practice Specialty:***

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<i>City</i>	<i>State/Province</i>	<i>Dates</i>
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<i>City</i>	<i>State/Province</i>	<i>Dates</i>
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***Board Certification or Equivalent:***

***Hospital Appointments:***

***Other Honors:***

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*Date*

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*Date*

***Medical Societies:***

***Publication in Medical Literature: [Attach list]***

***Member Sponsors:*** Personal signatures –on this form or via a signed sponsorship letter sent to Executive Secretary.

1. \_\_\_\_\_

2. \_\_\_\_\_

***Action by Executive Committee:***

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_