

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: _____ E-Mail _____

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:

<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:

	<i>Date</i>
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	<i>Date</i>
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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: _____

MEMBERSHIP REQUIREMENTS

Eligibility for membership in the Pacific Northwest Obstetrical and Gynecological Association is limited to physicians who are licensed to practice medicine in their Community, and who are certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the Royal College of Physicians and Surgeons of Canada in practice in the area of Alaska, Alberta, British Columbia, Idaho, Montana, Oregon, Washington , the Yukon , or the Northwest Territories. Two sponsors who are members in good standing in the Association are required to endorse the Candidate for membership.