



Association of Professors of  
Gynecology and Obstetrics (APGO)  
**MEMBERSHIP APPLICATION**

Membership Year: July 1, 2011-June 30, 2012

### APGO Individual Membership

Academic physicians and administrators who have an interest in the objectives and activities of the Association of Professors of Gynecology and Obstetrics (APGO) and in academic gynecology and obstetrics are invited to join the organization as members. Please complete this form and return it to the APGO office.

Member Category	Annual Dues (July 1 - June 30)
-----------------	--------------------------------

Individual membership	\$185.00
Endowment contribution	\$ 75.00*
<b>Total Cost (US Funds)</b>	<b>= \$ _____</b>

\*Optional contribution to the newly established APGO Medical Education Endowment Fund, created to fund individual education grants that improve women's health education.

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Academic Title

\_\_\_\_ Professor  
\_\_\_\_ Associate Professor  
\_\_\_\_ Assistant Professor  
\_\_\_\_ Instructor  
\_\_\_\_ Other: (please indicate)  
\_\_\_\_\_  
\_\_\_\_\_

#### Academic Position

\_\_\_\_ Division Chief  
\_\_\_\_ Clerkship Director  
\_\_\_\_ Residency Program  
\_\_\_\_ Director  
\_\_\_\_ Chair  
\_\_\_\_ Clerkship Coordinator  
\_\_\_\_ Resident Coordinator

### Membership Payment Options:

Check  Visa  Mastercard  Online at [www.apgo.org](http://www.apgo.org)

### Credit Card Information:

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

### Mail or fax to APGO:

2130 Priest Bridge Dr., Suite #7, Crofton, MD 21114

Phone: (410) 451-9560

Fax: (410) 451-9568

[www.apgo.org](http://www.apgo.org)