



# APGO MEMBERSHIP FORM

Association of Professors of Gynecology and Obstetrics

July 1, 2009-June 30, 2010

Fax this application to: (410) 451-9568

## Individual Membership:

### Individual Membership Dues - \$185/yr.

Individuals who have an interest in the objectives and activities of the Association and in academic gynecology and obstetrics are eligible to be Fellows.

#### This may include:

- Individuals who are faculty members in Member Departments, Associate Member Departments and Institutional Departments;
- Faculty members in affiliated and non-affiliated hospitals with teaching appointments and members of the uniformed services;
- Individuals who are not affiliated with a Member Department, Associate Member Department or Institutional Departments and have no teaching appointment, but have a genuine interest in academic gynecology and obstetrics.

## Please complete this form:

This is how your information will appear in the APGO Directory:  
(Submit by November 1, 2009 to be listed in the 2009-10 directory)

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

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

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

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

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

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

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

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

## Tell us more about you:

### Academic Title

- \_\_\_\_ Professor  
 \_\_\_\_ Associate Professor  
 \_\_\_\_ Assistant Professor  
 \_\_\_\_ Instructor  
 \_\_\_\_ Other \_\_\_\_\_

### Academic Position

- \_\_\_\_ Community-Based  
 \_\_\_\_ Clerkship Director  
 \_\_\_\_ Residency Program  
 \_\_\_\_ Director  
 \_\_\_\_ Chair  
 \_\_\_\_ Clerkship Coordinator  
 \_\_\_\_ Resident Coordinator

## Payment for Your Membership:

Membership Dues: \$185  
Endowment Contribution + \$ 75\*

Total Cost (US Funds) = \_\_\_\_\_

\*Contributions to the newly established APGO Educational Endowment Fund created to fund individual education grants that enhance the teaching of Ob-gyn.

## Membership Payment Options:

\_\_\_ Check \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Online

## Credit Card Information:

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

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

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