



Phoenix Obstetrical and Gynecological Society

Kelly Pile, Executive Director
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www.phxobgynsociety.org

APPLICATION FOR MEMBERSHIP

Eligibility in either the American Board of Obstetrics and Gynecology or American Osteopathic Board is required for membership.

Name: _____ Credentials: _____

Office Address: _____ Office Telephone: _____

City: _____ State/Zip: _____ Office Fax: _____

Email: (please print clearly) _____

The email will be used to send you meeting notices, etc.

In Association with: _____

Hospital Staff Appointments

Hospital	Staff Category

Medical Practice: Private Practice or Full Time Employment

Dates	Type of Practice

Signature of Applicant

Date

To complete the membership process:
Return form with abbreviated C.V. to address above
Dues: \$370 per year
Dues: August 2009 – July 2010

MC__Visa__ # _____ Exp. _____

Check # _____