6527 W Silver Sage Ln • Phoenix, Arizona 85083 (602 769-9163 • info@phxobgynsociety.org

www.phxobgynsociety.org

APPLICATION FOR MEMBERSHIP

Eligibility in either the American Board of Obstetrics and Gynecology or American Osteopathic Board is required for Active Membership. Non-physicians with a professional interest in OB/GYN may apply for Associate Membership. All applicants must be approved by Executive Committee.

name:			Creae	ntiais:
Office Address:			Office Telephone:	
City:	State/Zip:	Of	fice Fax:	
	print clearly) ail will be used to send you			
In Association	with:			
Referred by (So	ociety Member):			
Hospital Staff A				
Hospital			Staff Category	
Medical Practic	e: Private Practice or Fuli	' Time Emplo	yment	
Dates			Type of Practice	
	Signature of Applicant			
	Return form w Dues: Activ	e \$449, Reti	ted C.V. to address a red \$249, Affiliate \$2 3 – June 2024	bove
MCVisa #		Exp	3digit code	Billing ZIP
	Cl	neck #		

Or pay online through paypal: www.phxobgynsociety.org – click on "Dues" tab