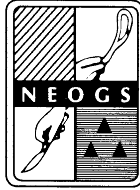

NEW ENGLAND OBSTETRICAL AND GYNECOLOGICAL SOCIETY
5 BLUFF DRIVE
STEEP FALLS, ME 04085-6854
Phone: (207) 675-3606 Fax: (207) 675-3086
Email: jbeaudoin@neogs.org

MEMBERSHIP APPLICATION

Please print or type:

NAME______________________________ Date of Birth ______________

WORK ADDRESS______________________________ Business Phone ______________

______________________________ Business Fax______________

HOME ADDRESS ______________________________ Email ______________

______________________________ Home Phone ______________

______________________________ Send mail to ❑ Home ❑ Office

MEDICAL SCHOOL ______________________________ Year Graduated______________

INTERNSHIP______________________________ Year Graduated______________

RESIDENCY______________________________ Year Graduated______________

____

FELLOWSHIP ______________________________ Year Graduated______________

ACOG # (necessary to obtain credits for attending NEOGS Meeting) ______________________________

CURRENT HOSPITAL(S) WHERE YOU HAVE PRIVILEGES

1) ______________________________

____

2) ______________________________

____

I CERTIFY THAT I WISH TO BECOME A MEMBER OF THE NEW ENGLAND OBSTETRICAL AND GYNECOLOGICAL SOCIETY AND THAT THE ABOVE INFORMATION IS ACCURATE.

NEW MEMBER DUES AND INITIATION $175.00
Please make check payable to New England Ob/Gyn Society

MasterCard______________________________ Expiration Date________

Visa______________________________ Expiration Date_________

Signature______________________________ Date____________________