We are Here for You:

**In the Legislature**
The Georgia OBGyn Society is the ONLY voice obstetricians and gynecologists in Georgia have in the state legislature. Every OBGyn’s support is imperative to the Society’s ability to continue to positively impact women’s healthcare and physicians’ practices within the state. We are:

- Your voice at the Georgia Legislature
- Advocacy for the practice of obstetrical & gynecological medicine
- Advocacy for quality women’s health care

**As Liaison to Government and Professional Agencies**
- Medicaid, CMOs, CDC
- Georgia Department of Public Health
- ACOG, March of Dimes, GA-AAP, HMHB

**Educating Physicians**
- Annual scientific and CME meetings
- Professional workshops, regional trainings
- Communications, publications, educational toolkits, website, fax blasts, email updates

**Networking with Professional Peers**
- Communication and education on important issues impacting practices
- Networking with professional peers

**Reviewing Maternal Mortality**
- Reviewing maternal deaths for improving pregnancy outcomes for women. Data for improvement, not for judgment.

Most of the Obstetrical and Gynecological physicians in the state of Georgia are members of the Georgia OBGyn Society. We do tremendous work for all OBGyn physicians in the state! But we could do so much more...

Just imagine what we could do if every OBGyn in Georgia joined us!

The only thing we need is you!

Your support, your voice, your participation!
Membership Application
Please print this page, complete and mail or fax this application per information below

Name: ______________________________________________________

Spouse’s Name: ______________________________________________

Practice Name: ______________________________________________

Office Address: ______________________________________________

City: __________________________________ State: ______ Zip: ______

Office Phone: __________________________ Fax: __________________

E-mail: ____________________________ Website: __________________

Residency Location: __________________________________________

Medical License No.: __________________________ Home Phone: __________

☐ Home Address (Check to make default mailing address):

_____________________________________________________________

City: __________________________________ State: ______ Zip: ____________

I practice (check all that apply): ☐ Gyn Only ☐ OB/Gyn ☐ Reproductive Endocrinology & Infertility
☐ Maternal Fetal Medicine ☐ Female Pelvic Med. & Reconstructive Surgery ☐ Gyn Oncology

Do you treat adolescents? ☐ Yes ☐ No ☐ Other practice interests______________________________

ABOG DIPLOMATE: _____ Yes _____ No

ACOG MEMBERSHIP: _____ Yes _____ No

Please Enclose the Application with:

Dues $100 / Lobbyist $75 $175.00

GynPAC (optional): $ 25.00

(Political Action Committee supports legislative activities key to women’s health)

Total: $200.00

I would like to make an additional contribution to support GynPAC $____

Total Amount of Check or Credit Card Payment $____

* Note: $100 of dues is tax deductible

Pay by Credit Card:
Please complete information below and fax to 770.904.5251 (secured fax) or call 770.904.5293 to provide information by phone.

Credit Card Type: _____ American Express _____ Visa _____ Master Card

Credit Card Number

_____________________________________________________________

Expiration Date _____________

Billing Address if Different from Above

_____________________________________________________________

Pay By Check:
Georgia Obstetrical and Gynecological Society (GOGS)
2925 Premiere Parkway, Suite 100
Duluth, Georgia 30097

Thank You for Your Support!