



Georgia Obstetrical and Gynecological Society

Membership Application

Please print this page, complete and mail or fax this application per information below

Name: _____ Date of Birth _____

Spouse's Name: _____

Practice Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

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 OBGyn 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