

## Georgia Obstetrical and Gynecological Society Membership Application

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

	Today's Date:	
DOB: Spouse's Nam	ne:	
Practice Name:		
Office Address:		
City:		
Phone:	Fax:	
E-mail:	Website	
Residency Location:	Medical License #.:	
☐ Home Address ( <i>Check to make default ma</i>	nailing address):	
City:	State: Zip:	
Home Phone:	Cell:	
•	ner practice interests:	
ABOG DIPLOMATE: YES NO  Please Enclose the Application with:  Dues \$100 / Lobbyist \$85	•	S □ NO \$ 185.00
ABOG DIPLOMATE: YES NO  Please Enclose the Application with:  Dues \$100 / Lobbyist \$85	ACOG MEMBERSHIP:	\$ 185.00 \$ 100.00
ABOG DIPLOMATE: YES NO  Please Enclose the Application with:  Dues \$100 / Lobbyist \$85  GynPAC *  I would like to make an additional contribution to	ACOG MEMBERSHIP:   Subtotal:  o support GynPAC,	S □ NO \$ 185.00
ABOG DIPLOMATE: YES NO  Please Enclose the Application with:  Dues \$100 / Lobbyist \$85  GynPAC *  I would like to make an additional contribution to the OBGyn Political Action Committee for George  Total Amount of Check or Credit Card Payments	ACOG MEMBERSHIP:   Subtotal: o support GynPAC, gia	\$ 185.00 \$ 100.00 <b>\$ 285.00</b>
ABOG DIPLOMATE: YES NO  Please Enclose the Application with:  Dues \$100 / Lobbyist \$85  GynPAC *  I would like to make an additional contribution to the OBGyn Political Action Committee for George  Total Amount of Check or Credit Card Payme (Note: \$100 of dues is tax deductible)  Pay by Credit Card:  Please complete information below and fax to 7	ACOG MEMBERSHIP: YES  Subtotal: o support GynPAC, gia  ent Total:  770.904.5251 (secured fax) or call Nicole	\$ 185.00 \$ 100.00 \$ 285.00 \$
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