



# American College of Osteopathic Obstetricians and Gynecologists

## *Affiliate Membership Application*

I hereby make application for Affiliate membership and enclose a one-time application fee of \$25.

► **Please type or print legibly**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

► **Preferred mailing address:** Home  Work  (Please check one)

E-mail address \_\_\_\_\_ (Please check one) Male  Female

Work Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Home Number (\_\_\_\_\_) \_\_\_\_\_ Pager Number (\_\_\_\_\_) \_\_\_\_\_

► **Occupation** \_\_\_\_\_

**EDUCATION**

\_\_\_\_\_  
Institution \_\_\_\_\_ City/State \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

**CURRENT EMPLOYER**

\_\_\_\_\_  
Company \_\_\_\_\_ City/State \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please enclose application and fee of \$25 by check, VISA or MasterCard.

VISA / MasterCard # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(Please circle one)

Printed Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Please mail or fax to:

**American College of Osteopathic Obstetricians and Gynecologists**  
8851 Camp Bowie West, Suite 120, Fort Worth, Texas 76116  
(817) 377-0421 (800) 675-6360 (817) 377-0439 Fax



## American College of Osteopathic Obstetricians and Gynecologists

### **REQUIREMENTS FOR AFFILIATE MEMBERSHIP**

The applicant for Affiliate Membership in ACOOG (the College) shall be any individual whose association with the College will, in the opinion of the Board of Trustees, be beneficial to the objectives and purposes of the ACOOG.

#### *APPLICATION PROCEDURE*

- (a) Application shall be made on forms provided by ACOOG.
- (b) The applicant shall provide letters of recommendation preferably from two (2) members of the College who are personally acquainted with the applicant and who will vouch for his/her training, experience and personal character. These letters shall be sent directly to the Executive Vice President of ACOOG, 8851 Camp Bowie West, Suite 120, Fort Worth, TX 76116, with the application and fee of \$50.
- (c) All required data must be in the hands of the ACOOG on or before January 1 preceding the Spring Conference or on or before August 1 preceding the Fall Conference. Associate members are notified of approval after each Board of Trustees meeting.
- (d) The applicant's part of this process, which includes the recommendation letters, must be completed within one year following the presentation to the office of the formal application and the required fee. An application which has been rejected by the Board of Trustees of this College due to incomplete or unsatisfactory material must be corrected within a period of one year after applicant has been informed.

Failure to comply with these regulations automatically results in the forfeiture of the fee, re-application and the payment of a new fee. The submitted material of the applicant will be removed from the files at the end of one year unless the applicant requests its return within this period.

- (e) An application rejected for other reasons than those listed in (d) automatically results in the forfeiture of the application fee, re-application and the payment of a new fee.