



American College of Osteopathic Obstetricians and Gynecologists

Associate Membership Application

(a category for D.O.'s who are engaged in a practice other than OB/GYN)

► **Please type or print legibly**

Name _____ AOA Number _____

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 (_____) _____

PROFESSIONAL MEMBERSHIPS

Member of the AOA? Yes No

OSTEOPATHIC MEDICAL COLLEGE

School _____ Dates _____

INTERNSHIP TRAINING

Hospital _____ Dates _____

Address _____

RESIDENCY TRAINING

Hospital _____ Dates _____

Address _____

Hospital _____ Dates _____

Address _____

FELLOWSHIP TRAINING

Hospital _____ Dates _____

Address _____

Subspecialty _____



American College of Osteopathic Obstetricians and Gynecologists

LICENSURE

State _____ License # _____ State _____ License # _____

State _____ License # _____ State _____ License # _____

HOSPITAL STAFF MEMBERSHIPS

Hospital _____

Address _____

TEACHING APPOINTMENTS

Hospital _____

Address _____

➔ I hereby certify that the aforesaid statements are true to the best of my knowledge and I authorize the Membership and Promotion Committee to investigate my qualifications. I agree to abide by the Bylaws, the rules and regulations of the ACOOG, if granted Associate Membership.

Signed _____ Date _____

This application requires two letters or recommendation preferably from ACOOG Members in good standing.

Please enclose application and fee of \$50 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 ASSOCIATE MEMBERSHIP

The applicant for Associate Membership in ACOOG (the College) shall be an osteopathic physician who is a member of the American Osteopathic Association and engaged in the practice of a specialty other than obstetrics and gynecology and has a specific interest in the College. Associate members receive all mailings of the College but do not have the right to vote.

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.



American College of Osteopathic Obstetricians and Gynecologists

**RECOMMENDATION FORM
FOR ASSOCIATE MEMBERSHIP IN THE ACOOG**

Name of Applicant: _____ **AOA Number:** _____

Dear Applicant: In an effort to streamline the process for your acceptance as a Associate Member, this form is to be preferably provided to two members of the ACOOG who are personally acquainted with you and who will vouch for your training, experience and personal character. As a suggestion, your program director would be an excellent reference upon completion of your program, although this is not a required reference.

Dear ACOOG recommending member: Please complete this form and mail in the enclosed envelope as soon a possible so that we may promptly process the application and present the applicant for inclusion in our organization. You may use the space below or attach a separate letter of your own. Thank you for your willingness to further the mission of the ACOOG. *Mail or fax this to Sherry Halm, Membership Coordinator, 8851 Camp Bowie West, Suite 120, Fort Worth, Texas 76116, or (817) 377-0439.*

RECOMMENDATION: _____

Print Name

Signature of ACOOG Member

Address: _____

City: _____ State: _____ Zip: _____

AOA Number: _____ Date: _____