



American College of Osteopathic Obstetricians and Gynecologists

CANDIDATE MEMBERSHIP APPLICATION ***(for Residents in training)***

► **Please type or print legibly**

First Name Last Name AOA Number

Institution Address

City State Zip Code

Home Address

City State Zip Code

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

E-mail address (Please check one) Male Female

Work Number Fax Number

Home Number Pager Number

Medical College Date Graduated

Address City State Zip

I hereby accept Candidate membership in the ACOOG for the duration of my residency training. I understand there are no fees or dues for Candidate membership, that I will be dropped from membership if I cease to be in an OB/GYN residency, or if I do not apply for Regular membership within one year after completing my training.

Name (Signature of Candidate) Date

► Signature of Program Director or DME required for verification purposes.

Name Title Date

Please mail 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