American College of Osteopathic Obstetricians and Gynecologists

MEDICAL STUDENT MEMBER APPLICATION

I hereby make application for membership in the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) as a student of an osteopathic medical college or regular rotating intern of an osteopathic institution. I understand there are no fees and should I not enter a residency for obstetrics and gynecology my membership will be dropped. I agree to abide by the rules set forth in the Bylaws and Constitution. I further agree to keep the ACOOG updated of any address changes in my proposed educational path.

► **PLEASE TYPE OR PRINT LEGIBLY**

First Name Last Name AOA Number (**REQUIRED**)

Institutional 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 □

Home Number Pager Number

Work Number Fax Number

Osteopathic Medical School (full name) Completion Date

Internship School Completion Date

► This application must be signed by an Admissions Officer or Hospital DME as verification of your educational status.

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