



ACOOG recognizes the importance of incorporating ACGME trained DOs into our college.

- We welcome your expertise.
- Have closer fellowship with peers.
- More opportunity for leadership advancement. You can make a difference!

It's Easier to Join:

- AOA membership isn't necessary for ACOOG membership.
- ABOG certification is accepted for ACOOG senior membership.
- If you are certified by ABOG and have been in practice for 5 years, you may sit for ABOG oral boards for dual certification.

Excellent CME Opportunities

- ACOOG programs have exceptional educational content
- We have nationally recognized presenters.
- Come to fun and exciting course locations.

Membership Application

I hereby make application for Regular Membership and enclose application fee of \$200.00

NAME (Print) _____
 Email: _____
 Office phone: () _____ FAX: () _____
 Preferred Mailing:
 Address: _____

PROFESSIONAL MEMBERSHIPS

Member of ACOG _____ Fellow of ACOG Yes _____ No _____ Junior Fellow _____ Yes _____ No _____
 Member of AOA _____ AOA # _____ Are you or were you a Candidate Member of ACOOG? _____ Yes _____ No _____

OSTEOPATHIC MEDICAL COLLEGE

School: _____ Dates: _____

INTERNSHIP TRAINING

Institution: _____ Dates: _____
 Address: _____

RESIDENCY TRAINING

Institution: _____ Dates: _____
 Address: _____
 Institution: _____ Dates: _____
 Address: _____ Dates: _____

FELLOWSHIP TRAINING

Institution: _____ Dates: _____
 Address: _____
 Subspecialty: _____

LICENSURE

State: _____ State: _____
 State: _____ State: _____

INSTITUTION STAFF MEMBERSHIP

Institution (Hospital): _____
 Address: _____

TEACHING APPOINTMENTS

Institution: _____
 Address: _____

I hereby certify that the aforesaid statements are true to the best of my knowledge. I agree to abide by the bylaws, rules and regulations of the ACOOG if granted Regular Membership.

Signed: _____ Date: _____

Application for Regular Membership and enclosed application fee of \$200.00 by check or MC/VISA charge:

MC/VISA ACCOUNT #: _____

EXPIRATION DATE: _____

This application requires two letters of recommendation from ACOOG members in good standing or OB/GYN Department Directors.
 Mail to: ACOOG Executive Director, 8851 Camp Bowie West, Suite 120, Fort Worth, TX 76116

