



North Carolina Obstetrical and Gynecological Society

222 North Person Street • Post Office Box 27167 • Raleigh, NC 27611 • (919)833-3836 • Fax (919)833-2023 • ncobgyn@ncmedsoc.org

APPLICATION FOR MEMBERSHIP

NAME _____

ADDRESS _____

TELEPHONE: OFFICE _____ HOME _____

FAX _____ EMAIL ADDRESS _____

DATE OF BIRTH _____ DATE OF APPLICATION _____

SPOUSE'S NAME _____

EDUCATION _____ GRADUATION _____

UNDERGRADUATE _____

MEDICAL SCHOOL _____

RESIDENCY _____

NAME OF PRACTICE _____

NAME(S) OF PARTNERS _____

DATE CERTIFIED AS DIPLOMAT BY AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY _____

IF ACTIVE CANDIDATE, DATE SUCCESSFUL COMPLETION OF WRITTEN EXAM _____

LIST HOSPITALS WHERE YOU HAVE UNRESTRICTED PRIVILEGES IN OBSTETRICS AND GYNECOLOGY _____

STATE OF NORTH CAROLINA MEDICAL LICENSE NUMBER _____ DATE ISSUED _____

PLEASE LIST THREE ACTIVE MEMBERS OF THIS SOCIETY WHO CAN BE CALLED UPON TO ENDORSE YOUR APPLICATION

	<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PLEASE INCLUDE ANNUAL DUES OF \$200.00

_____ Signature

_____ Date

SEND APPLICATION AND FULL PAYMENT TO:

North Carolina Obstetrical & Gynecological Society

PO Box 27167

Raleigh, NC 27611