

2008—Stronger, Together!

FOGS is an advocacy and education organization, dedicated to the highest standards in patient care. If you are a Florida Ob-Gyn, we encourage you to join the Society so you can personally promote a stronger Florida Ob-Gyn practice environment. FOGS is very active and works closely with other professional organizations, including the Florida Medical Association (FMA) and the American College of Obstetricians and Gynecologists (ACOG). Join the Society so you can personally promote a stronger Florida Ob-Gyn practice and the health of women in our state.



APPLICATION FOR MEMBERSHIP

www.flogbyn.org

Applicants will not be reviewed unless all information below is complete.

Date _____ Office Manager _____

Name _____ Title _____

Date of Birth _____ Male Female E-mail _____

Mailing Address _____

City _____ State _____ Zip _____

Office Ph _____ Office Fax _____ Home Ph _____

I am applying for ___ Active Membership ___ Associate Membership ___ Resident Membership
(For membership requirements, please refer to the Constitution and Bylaws online at www.flogbyn.org)

Are you a member of the Florida Medical Association ___ Yes ___ No

Are you certified by the American Board of Obstetricians and Gynecologists ___ Yes ___ No

The name of the person who referred you _____

Are you a Fellow of ACOG ___ Yes ___ No

If you answered no have you completed an approved residency ___ Yes ___ No

Have your hospital privileges ever been curtailed or revoked? ___ Yes ___ No

Number of years in practice at your current location ___ Is your practice ___ Ob/Gyn or ___ Oncology only?

Please complete the following as applicable:

Graduate/Medical School _____

Internship/Residency _____

Fellowship Program _____

Postgraduate Program _____

Present Medical School/Hospital Affiliation/Appointments

I hereby declare that the information provided in this application is complete and true to the best of my belief.

Signature _____

Fax or mail to:

FOGS
6816 Southpoint Pkwy., Suite 1000
Jacksonville, FL 32216
904-674-0751 fax 904-998-0855

Membership Dues

Active Member	\$195
Associate Member	\$195
Resident	\$0
Application Fee	\$50

Method Of Payment:

Check VISA MC AmEx

Amount _____ Exp. Date _____

Account # _____

Name on card _____

Signature _____