

# Join FOGS to Access These Exclusive Member Benefits

- 7% discount on malpractice coverage through First Professionals Insurance Company (FPIC)
- Free membership dues and a 10% discount on prepaid legal defense through Lubell & Rosen
- Up to a 24.8% dividend on worker's compensation policy through OptaComp
- Subscription to *OB/GYN Today*—the society newsletter
- Up to 50% discount on Medical Defense Solutions for doctors "going bare"
- Discounted registration for the **Pathways to Excellence in Ob/Gyn** Annual Meeting
- Be a part of the growing online web community at **www.flobgyn.org**
- Annual membership directory

## Application For Membership

Or apply online at [www.flobgyn.org](http://www.flobgyn.org)

Applicants cannot be reviewed unless all information requested below is provided.

For detailed membership requirements, refer to the Constitution and Bylaws at [www.flobgyn.org](http://www.flobgyn.org).

### MEMBERSHIP LEVELS

### Membership Eligibility

Date \_\_\_\_\_

- Active** Regular practitioners in good professional standing who makes Ob/Gyn his/her exclusive study or practice and has been in practice in his/her current location in the state for a minimum of two years shall be eligible for election as an Active Member. In addition, a candidate **must** be certified by the American Board of Obstetrics and Gynecology, and must have no limitation of his/her hospital privileges because of the quality of his/her work.
- Associate** Associate Fellows have completed an approved residency in Obstetrics and Gynecology, but otherwise do not qualify as an Active Fellow. They may maintain their Associate Fellow status until they are eligible, but then must apply for Active membership or be dropped as an Associate member.
- Resident (complimentary)** Those who are currently enrolled in recognized Ob/Gyn residency programs within Florida. A letter from your program is required as proof of status. Projected year of completion: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Year of Birth \_\_\_\_\_ Office Manager \_\_\_\_\_

Male  Female E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Ph \_\_\_\_\_ Office Fax \_\_\_\_\_

Home Ph \_\_\_\_\_

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

Are you a member of the FMA?  Yes  No

Are you a Fellow of ACOG?  Yes  No

Have you completed an approved residency?  Yes  No

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

Practicing at current location since: \_\_\_\_\_ (year)

Check all that apply:  Obstetrics  Gynecology  
 Gynecologic Oncology  Reproductive Endocrinology  
 Other \_\_\_\_\_

The name of the person who referred you \_\_\_\_\_

Please provide the year completed as applicable:

Graduate/Medical School \_\_\_\_\_

Internship/Residency \_\_\_\_\_

Fellowship Program \_\_\_\_\_

Other Postgraduate Program \_\_\_\_\_

Present Affiliations: Medical School/Hospital/Appointments/Practice

\_\_\_\_\_

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

Signature \_\_\_\_\_

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### Membership Dues

**Active or Associate Member** ----- **\$245**  
 (includes one-time application fee of \$50)

**Resident Member** ----- **\$0**

Please renew my membership automatically each year.

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### PAC Contribution<sup>†</sup>

**Suggested contribution**  \$150 or  \$12.50/mo\*

\$365 or  \$31/mo\*

**Alternate amount**  \$\_\_\_\_ or  \$\_\_\_\_/mo\*

Following the 2011 membership period, I want to continue to make my automatic monthly or annual contribution to the PAC.

<sup>†</sup> PAC contributions are voluntary and are not tax deductible. Your support of the FOGS PAC is vital to the impact of our legislative efforts.

\*By selecting monthly PAC contributions, you agree to an automatic debit of your credit card each month until you choose to discontinue. You will not receive a monthly bill, but will receive electronic confirmation of each debit at your email address on file.

To enroll in automatic annual renewal of dues or PAC contributions, please provide a card expiring no earlier than January 2012. Dues will be debited in January each year, and PAC contributions will be debited as selected.

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### Payment Method

Check # \_\_\_\_\_  VISA  MC  AMEX

Amount \_\_\_\_\_ Exp. Date \_\_\_\_\_

Account # \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_



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For office use.