

# Join FOGS to Access These Exclusive Member Benefits

- Eligible for discounts on medical malpractice insurance through OB/GYN Premier Program with MedPro
- Discounted registration rates to attend the ACOG District XII Annual District Meetings
- Subscription to the quarterly ACOG District XII Florida Update newsletter
- Access to meeting highlights from ACOG District XII Annual District Meetings

## Application For Membership

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

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

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

Are you a Fellow of ACOG?

Yes **If YES: ACOG District XII members are automatically members of FOGS and have access to all FOGS practice benefit programs. ACOG District XII members should **not** complete this application. Please visit [www.fobgyn.org/membership/benefits](http://www.fobgyn.org/membership/benefits) to contact benefit program partners directly.**

No

Check all that apply:  Obstetrics  Gynecology  Gynecologic Oncology  Urogynecology  Reproductive Endocrinology & Infertility  
 Family Planning  Maternal-Fetal Medicine  Pelvic Reconstruction  Sexual Health  
 Other \_\_\_\_\_

Who referred you to FOGS? \_\_\_\_\_

Please provide the year completed as applicable:

Graduate/Medical School \_\_\_\_\_ Other Postgraduate Program \_\_\_\_\_

## MEMBERSHIP LEVELS

## Membership Eligibility

**Active** Osteopathic Obstetrician/Gynecologists who are active members of the American College of Osteopathic Obstetricians and Gynecologists (ACOGG), but are *not* members of ACOG.

**Associate** Professionally trained practitioners (physicians and allied health practitioners) in good standing in the medical community who can demonstrate that obstetrics and/or gynecology are their primary areas of practice and have a current license to practice in Florida but are *not* active members of ACOG or ACOGG.

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

Date \_\_\_\_\_  MD  DO  PhD  Other \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Year of Birth \_\_\_\_\_

M  F E-mail \_\_\_\_\_

**Primary Office Address** \_\_\_\_\_

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

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

Office Manager \_\_\_\_\_

Office Manager E-mail \_\_\_\_\_

**Home Address** \_\_\_\_\_

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

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

## Membership Dues

**Active or Associate One Year Membership** . . . \$195

**Application Fee** . . . \$50

**Total Charges** . . . \$245

**Please renew my membership automatically each year.**

To enroll in automatic annual renewal of due, please provide a card expiring no earlier than January 2019. Dues will be debited on or about January 1st each year.

## Payment Method

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

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

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

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

Signature \_\_\_\_\_



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