

ASSOCIATE MEMBERSHIP APPLICATION

REQUIREMENTS FOR ASSOCIATE MEMBERSHIP

ASSOCIATE MEMBERSHIP is for non-physician degreed professionals, and patient advocates who participate in the care, treatment or support of patients with gynecologic cancers and who are of high moral, ethical, and professional standing and satisfy one of the following qualifications:

- Non-MD Advance practice provider and health professional.
- Have adequate experience in caring for women with gynecologic cancers.
- Devote the majority of their practice to the care of patients with gynecologic cancers or related diseases.
- Demonstrate interest in basic, translational or clinical research of gynecologic cancers or gynecologic cancer education.

Patient Advocate

- Volunteer or work for a tax-exempt, not for profit cancer patient advocacy, survivorship or awareness organization.
- Engaged in a cancer research community by serving as patient representative at public or private research institutions and organizations including but not limited to NCTN, NCORP, FDA, DOD.

APPLICATION PROCESS

- Complete the enclosed application form and submit to **membership@sgo.org** or

Society of Gynecologic Oncology
Membership Department
230 W. Monroe St., Suite 710
Chicago, IL 60606-4703 USA

- Submit a digital photograph to **membership@sgo.org**.
- Applications are accepted throughout the year. New member dues received Jan. 1-Jun. 30 are applied to the current year. Dues received Jul. 1 - Dec 31 are applied to the following year though membership becomes active upon approval.
- Completed applications are reviewed by the Membership Committee and the Board of Directors. Members shall be elected by a majority vote of the SGO Board of Directors.
- Applicants will be notified of their election status within 4-6 weeks of the completion of their application.

DUES

US non-MD Advance Practice Providers, health professionals: \$210 (\$185 first year dues and a one time application fee of \$25)

International non-MD Advance Practice Providers, health professionals and Patient Advocates: \$35

Associate Member Application

PERSONAL INFORMATION			
Full Name			
Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth (MM/DD/YY)		
Place of Birth			
Citizenship			
Title			
Institution			
INSTITUTION MAILING ADDRESS			
Address Line 1			
Address Line 2			
City	State/Province		
Country	Postal Code		
Phone Number (Country Code + City Code + Number)	Fax Number		
Cell Phone Number (Country Code + City Code + Number)			
Email			
PROFESSION			
<input type="radio"/> Clinical Nurse Specialist	<input type="radio"/> Physician Assistant		
<input type="radio"/> Genetic Counselor	<input type="radio"/> Radiation Technician		
<input type="radio"/> Nurse	<input type="radio"/> Research Staff		
<input type="radio"/> Nurse Practitioner	<input type="radio"/> Social Work		
<input type="radio"/> Palliative Care	<input type="radio"/> Patient Advocate		
<input type="radio"/> Other _____			
PROFESSIONAL DESIGNATION			
<input type="radio"/> BS	<input type="radio"/> MS	<input type="radio"/> PA-C	<input type="radio"/> RN
<input type="radio"/> BSN	<input type="radio"/> MSN	<input type="radio"/> PharmD	<input type="radio"/> RT
<input type="radio"/> CMD	<input type="radio"/> MSW	<input type="radio"/> OCN	<input type="radio"/> Other _____

PROFESSIONAL INFORMATION	
University/College	
Degree	Date
Graduate School	
Degree	Date
Licensure or Registry	
Number	State
Countries where licensed	
Board Certification: <input type="radio"/> Yes <input type="radio"/> No (If yes, please include a copy of your board certification.)	
Any investigations pending?	<input type="radio"/> Yes <input type="radio"/> No
Any license revocations or restrictions?	<input type="radio"/> Yes <input type="radio"/> No
Any felony convictions?	<input type="radio"/> Yes <input type="radio"/> No
PREFERRED MAILING ADDRESS <i>(Home address recommended)</i>	
<input type="radio"/> Work <input type="radio"/> Home	
Address Line 1	
Address Line 2	
City	
State/Province	
Country	Postal Code
Phone Number (Country Code + City Code + Number)	
Cell Phone Number (Country Code + City Code + Number)	
Email	

In furtherance of my application for membership in the Society of Gynecologic Oncology (SGO), I hereby authorize the evaluation and validation of my credentials by SGO in accordance with and subject to the rules and procedures of the SGO.

I request and authorize any hospital, medical staff, medical organization or individual who may have information (including, but not by way of limitation, medical records, patient records, and reports of committees) which they deem relevant to my fitness for membership in SGO to provide such information to SGO.

I hereby release from liability and waive any claim for damages that I may have against SGO, its officers, directors, members, employees and agents for any acts that they may perform in good faith in connection with my application, and any hospital, medical staff, medical organization or individual supplying information with respect to my application.

I understand that the decision as to whether I am qualified to be elected to SGO membership rests solely and exclusively in the SGO Board of Directors; that its decision is final; and that SGO is not a credentialing or certifying body. Membership in the SGO does not confer the right to practice or affect hospital privileges.

I attest that the information presented in this application is truthful and accurate.

Signature	Date
-----------	------

PAYMENT METHOD	
<input type="radio"/> Check enclosed payable to SGO	<input type="radio"/> Please issue an invoice that I can pay online
<input type="radio"/> US non-MD Membership \$210.00 <input type="radio"/> International non-MD/PhD* and Patient advocate \$35 USD (*Must be residing outside of the US)	
Optional Journal Subscription to <i>Gynecologic Oncology</i> **	
<input type="radio"/> Subscription \$121.00 USD <input type="radio"/> online <input type="radio"/> print and online	
Total Amount	\$ _____

New Member dues received Jan. 1 – Jun. 30 are applied to the current year. Dues received Jul. 1 – Dec. 31 are applied to the following year though membership becomes active upon approval.

***The Gynecologic Oncology* journal is available to SGO Members at a 77% discount off the list price. Subscriptions include online access to the entire library of Gynecologic Oncology and delivery of monthly issues to your preferred address. Subscriptions operate on a calendar year (January – December) only. If you order mid-year, you will be mailed all available back issues for that year.

Submit completed form to membership@sgo.org or

Society of Gynecologic Oncology
Membership Department
230 W. Monroe St., Ste. 710
Chicago, IL 60606-4703 USA

For assistance, call 1-312-235-4060 or email membership@sgo.org.

SUBMIT

Email this completed application to membership@sgo.org