

TRAINEE MEMBERSHIP APPLICATION

REQUIREMENTS FOR TRAINEE MEMBERSHIP

TRAINEE MEMBERSHIP shall be reserved for physicians and students currently enrolled in a US or International fellowship, residency program or medical school. All applicants must provide verification of enrollment from their program director or faculty advisor. Membership is terminated upon graduation.

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.
- Main deadline: July 31. Applications are accepted throughout the year as needed.
- 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 Fellow-in-Training: \$125
International Fellow-in-Training: \$50
Resident/Student: \$25

Trainee Membership 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 (Student, Resident, Fellow-in-Training)	
Institution	
INSTITUTION MAILING ADDRESS	
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)	
FAX (Country Code + City Code + Number)	
Email	
Countries where licensed	
MEDICAL SOCIETY AFFILIATION	
List Memberships:	
PROFESSIONAL DESIGNATION	
<input type="radio"/> MD	<input type="radio"/> PhD
<input type="radio"/> DO	<input type="radio"/> Other _____
<input type="radio"/> MBBS	

PROFESSIONAL QUALIFICATIONS	
University/College	
Degree	Date
Medical School	
Degree	Date
RESIDENCY INFORMATION	
Residency Institution	
Residency Program Type/Specialty and Degree	
Start Date	Expected Completion Date
FELLOWSHIP INFORMATION	
Fellowship Institution	
Start Date	Expected Completion Date
Fellowship Concentration	
<input type="radio"/> Gynecologic Oncology	<input type="radio"/> Medical Oncology
<input type="radio"/> Pathology	<input type="radio"/> Radiation Oncology
<input type="radio"/> Other _____	
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	

PROGRAM DIRECTOR/FACULTY ADVISOR USE ONLY
VERIFICATION OF PROGRAM ENROLLMENT
Faculty Advisor/Director's Name
Signature

Director/Faculty advisor may email SGO at membership@sgo.org with verification if signature cannot be obtained.

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
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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"/> Fellow Membership \$125.00 USD (U.S. Applicants)	
<input type="radio"/> Fellow Membership \$50.00 USD (non-U.S. Applicants) Must reside outside the US	
<input type="radio"/> US and International resident and student membership \$25 USD	
Optional Journal Subscription to <i>Gynecologic Oncology</i> *	
<input type="radio"/> Subscription \$121.00 USD	
Total Amount	\$ _____

If the application is not approved, the dues amount will be refunded via the original form of payment. 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