

APPLICATION FOR ADJUNCT MEMBERSHIP
 PLEASE READ THE GUIDELINES ON THE BACK PAGE OF THIS APPLICATION
 BEFORE COMPLETING. IF YOU ARE BOARD CERTIFIED PLEASE COMPLETE THE
 ACTIVE MEMBERSHIP APPLICATION FORM INSTEAD.



(PLEASE TYPE OR PRINT)

DATE: _____

NAME: _____
LAST FIRST MIDDLE M.D./D.O.

MAILING ADDRESS: _____

OFFICE PHONE: _____ FAX: _____

E-MAIL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

| | | | | |
|---|-----------------------|------|--------------------|-----------------|
| PRE-MEDICAL EDUCATION | COLLEGE OR UNIVERSITY | CITY | DATE OF GRADUATION | DEGREE |
| MEDICAL EDUCATION | COLLEGE OR UNIVERSITY | CITY | DATE OF GRADUATION | DEGREE |
| RESIDENCY TRAINING | HOSPITAL | CITY | DEPARTMENT | INCLUSIVE DATES |
| OTHER POSTGRADUATE EDUCATION | INSTITUTION | CITY | DEPARTMENT | INCLUSIVE DATES |
| HOSPITAL AFFILIATIONS (PAST AND PRESENT) | HOSPITAL | CITY | DEPARTMENT | INCLUSIVE DATES |
| MEDICAL LICENSURE | STATE AND LICENSE #: | | EXPIRATION: | |

CURRENT MODE OF PRACTICE (CHECK ALL THAT APPLY)

- SOLO
 PRIVATE PRACTICE
 ACADEMIC PART TIME
 MILITARY
 GROUP
 HOSPITAL BASED PRACTICE
 ACADEMIC FULL TIME
 OTHER _____

Qualifications for Membership

CAOG Mission Statement

The purpose of the Central Association of Obstetricians and Gynecologists is to promote optimal health care of women by providing high-quality continuing medical education and a forum for advancing and discussing scientific research in obstetrics, gynecology and women's health care. The CAOG is committed to addressing the concerns of a diverse group of community and academic obstetricians and gynecologists by fostering an atmosphere of collegiality, mutual respect, scientific inquiry and mentoring among its members.

Central Association Guidelines Pertaining to Membership:

Types of Members. The Association shall be composed of seven types of membership: (1) Active, (2) Provisional Active, (3) Non-Resident, (4) Life, (5) Emeritus, (6) Adjunct, and (7) Honorary. Membership in the CAOG shall be available without regard to race, color, creed, gender, sexual orientation or national origin.

Adjunct Members:

(a) Physicians in good professional standing, residing in the twenty-nine "central states" of Alabama, Arizona, Arkansas, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, Tennessee, Texas, Utah, West Virginia, Wisconsin and Wyoming.

(b) Under special circumstances, and with the preapproval of the Board of Directors, an otherwise qualified physician not residing within the geographic confines of the Association may apply for adjunct membership.

(c) Physicians may apply for membership providing that they are in an approved OB/GYN residency/fellowship program or are post OB/GYN residency/fellowship not exceeding three years and are not Board Certified. The Applicant will complete an application for membership.

(d) Upon nomination by the Membership Committee, the candidacy shall be acted upon by the Board of Directors at the annual board meeting. If approved the candidate will then become an Adjunct Member.

(e) Once achieving requirements for Active membership, the Adjunct Member should apply for Active membership status within two years and can become an active member even if residing outside the CAOG area. An Adjunct Member should remain as such for only 3 years post all formal training if not otherwise eligible to apply for Active membership.

(f) An Adjunct Member shall pay dues and assessments as an Adjunct Member, but will not have the right to vote or hold office. Any member whose major interests are no longer in obstetrics and gynecology or women's health care may be dropped from membership by the Board of Directors.

LIST ANY MEETINGS OF THE CENTRAL ASSOCIATION WHICH YOU HAVE ATTENDED.

CITY _____ YEAR _____ CITY _____ YEAR _____

APPLICATION MUST BE ENDORSED BY AN **ACTIVE** MEMBER OF THE CENTRAL ASSOCIATION AND THE ENDORSER MUST SEND A LETTER OF RECOMMENDATION TO THE SECRETARY OF THE SOCIETY UNDER SEPARATE COVER.

ENDORSED BY: * _____
SIGNATURE (TYPE OR PRINT NAME) DATE

THIS COMPLETED FORM, LETTER OF ENDORSEMENT AND \$95.00 FEE MUST BE RECEIVED IN THE ADMINISTRATIVE OFFICE BY JULY 1ST OF THE YEAR IN WHICH THE APPLICATION FOR MEMBERSHIP IS TO BE CONSIDERED.

PLEASE BE CERTAIN THAT THE FOLLOWING ITEMS HAVE BEEN COMPLETED:

- All areas of the application are complete**
- Application signed by endorser (CAOG Active Member)
- Letter of recommendation by endorser has been sent to the CAOG Office
- Application signed and mailed to CAOG Office before July 1st
- Application fee of \$95.00 enclosed

CAOG
Attention: Rochelle Hickel
P.O. Box 3010
Minot, ND 58702-3010
701-838-8323
rhickel@caog.org

Signature of Applicant

Date