

Georgia Obstetrical and Gynecological Society Membership Application – 2010

Please print this page, complete and mail or fax this application per information below

Name: _____

Spouse's Name: _____

Practice Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Primary Specialty: _____ Medical License No: _____

Residency: _____ Years: _____

Birth Date: _____ Home Phone: _____

ABOG DIPLOMATE: YES NO

ACOG MEMBERSHIP: YES NO

Please Enclose the Application with:

Dues \$100 / Lobbyist \$75	\$175.00
GynPAC (optional): (Political Action Committee supports legislative activities key to women's health)	\$25.00
Total:	\$200.00

I would like to make an additional contribution to support GynPAC \$_____

Total Amount of Check or Credit Card Payment \$_____

* Note: \$100 of dues is tax deductible

Pay by Credit Card:

Please complete information below and fax to 770.904.5251 (secured fax) or call 770.904.5293 to provide information by phone.

Credit Card Type: American Express Visa Master Card

Credit Card Number _____ Expiration Date _____

Billing Address if Different from Above _____

Pay By Check:

Georgia Obstetrical and Gynecological Society (GOGS)

4485 Tench Road, Suite 2410

Suwanee, Georgia 30024

Thank You for Your Support!