



Northern California Obstetrical & Gynecological Society  
 P. O. Box 160162  
 Sacramento, CA 95816  
 Phone: (916) 558-0150  
 Fax: (916) 483-5559

**APPLICATION FOR MEMBERSHIP**

Date: \_\_\_\_\_

I hereby make application for membership in your Society and, if accepted as a member, I agree to support its Constitution and By-laws.

The following information is submitted for your consideration:

Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Educational background (begin at collegiate level and list through graduation from medical school):

<u>College</u>	<u>Location</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____

Chronologically list medical activities since graduation from medical school:

<u>Internship</u>	<u>Location</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____

<u>Residency</u>	<u>Location</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____

<u>Additional Training</u>	<u>Location</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____

Type of Practice: (list street address, city and state)	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Military Service</u>	<u>From</u>	<u>To</u>
_____	_____	_____

State Certificate issued: (Give date of state license) \_\_\_\_\_

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**List medical societies to which you belong:**

<u>Name:</u>	<u>Location:</u>
County _____	_____
State _____	_____
National _____	_____
Are you Board Certified? _____	Qualified _____
Hospital affiliations: _____	
_____	
Practice limited to OB/GYN? _____	Married or Single _____

The undersigned applicant certifies that he/she has read the Constitution and By-Laws of the Northern California Obstetrical and Gynecological Society, and agrees, in case of his/her election, that his/her membership in said Society shall be conditional upon his/her compliance with the Constitution, By-Laws, and the Principles of Professional Conduct of the said Society, as well as the Constitution and By-Laws of the California Medical Association; the undersigned further agrees that he/she will recognize the authorized officers of the said Society and said Association as the proper and sole authorities to interpret any doubtful points in professional conduct and will at all times abide by and be governed by their interpretations.

**Respectfully:**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Residence Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_