



## Application for Membership

---

### Contact Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Practice/Group Name \_\_\_\_\_

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

Home Address \_\_\_\_\_

Preferred Address:       Home       Office

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

### Education *(Institution Name, Location, & Years Attended)*

Residency \_\_\_\_\_

Prior Residency \_\_\_\_\_

Premedical Education \_\_\_\_\_

Medical School \_\_\_\_\_

Fellowship \_\_\_\_\_

Professional Society Memberships \_\_\_\_\_

Other Post Graduate Training \_\_\_\_\_

Board Certification:       Eligible       Certified      Date: \_\_\_\_\_

### Practice History *(Practice Name, Location, & Years Worked)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership Dues: One Year Membership

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Full Membership    \$300.00  | <input type="checkbox"/> Candidate Membership    \$300.00   | <input type="checkbox"/> Affiliate Membership    \$300.00    |
| <input type="checkbox"/> Area Membership*    \$100.00 | <input type="checkbox"/> In Training Membership    \$100.00 | <input type="checkbox"/> Affiliate Non Physician    \$250.00 |
| *Outside King, Snohomish and Pierce Co.               |   | <input type="checkbox"/> Resident Membership    \$0          |

Enclosed is my check for payment / Check made payable to: SGS

***Please return completed application along with payment to:***

***Seattle Gynecologic Society  
2001 6<sup>th</sup> Avenue #2700  
Seattle, WA 98121***

***Email: kim@wsma.org  
Questions? (206) 956-3652  
Contact: Kimberly Conn, SGS Exec. Director***