

**HOUSTON GYNECOLOGICAL & OBSTETRICAL SOCIETY (HGOS)
ALLIED HEALTH PROFESSIONAL MEMBERSHIP APPLICATION**



Name:(Last, First, Middle) _____ Age: _____

Office Address: _____

City/State/Zip: _____

Office Tel No.: _____ Fax: _____

Email: _____ Date Of Birth: _____

Citizen of the United States (circle one): Y N

I submit the following data concerning my education/training:

1. Education (University or College):

_____ From _____ to _____ Degree _____

_____ From _____ to _____ Degree _____

2. Training:

3. Prior Work Experience:

4. Current Position:

5. Board Certification: _____ Date: _____

Signature of Applicant: _____ Date: _____

To the Houston Gynecological & Obstetrical Society:

We vouch for the character and standing of _____ and recommend his/her election to active membership.

Sponsored by: (Signature)

(Print Name)

Endorsed by: (Signature)

(Print Name)

Return completed application with \$210 membership fee to lisa.hgos@gmail.com. New graduates are free for their first 6 months and pay a discounted fee of \$100 for their first full calendar year.