American College of Osteopathic Obstetricians and Gynecologists

MEDICAL STUDENT MEMBER APPLICATION
Or
ROTATING INTERNSHIP MEMBER APPLICATION

I hereby make application for membership in the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) as a student of an osteopathic medical college or regular rotating intern of an osteopathic institution. I understand there are no fees and should I not enter a residency for obstetrics and gynecology my membership will be dropped. I agree to abide by the rules set forth in the Bylaws and Constitution. I further agree to keep the ACOOG updated of any address changes in my proposed educational path.

► **PLEASE TYPE OR PRINT LEDGIBLY**

First Name _____ Last Name _____ AOA Number (**REQUIRED**) _____

Institutional Address _____

City _____ State _____ Zip Code _____

Home Address _____

City _____ State _____ Zip Code _____

► **Preferred mailing address:** (Please check one) Institutional □ Home □

E-mail address _____ (Please check one) Male □ Female □

Home Number _____ Pager Number _____

Work Number _____ Fax Number _____

Osteopathic Medical School (full name) _____ Completion Date _____

Internship School _____ Completion Date _____

► This application must be signed by an Admissions Officer or Hospital DME as verification of your educational status.

Name _____ Title _____ Date _____

Please mail to:
American College of Osteopathic Obstetricians and Gynecologists
8851 Camp Bowie West, Suite 120, Fort Worth, Texas 76116
(817) 377-0421 (800) 675-6360 (817) 377-0439 Fax