

Chicago Gynecological Society Membership Application

Active

- Resides in _____
- Diplomat of the American Board of Obstetrics and Gynecology
- Diplomat of the American Osteopathic Board of Obstetrics and Gynecology
- Fellow of the American College of Obstetricians and Gynecologists

Associate

- Resides in _____
- Resident in an approved program
- Fellow in an approved program
- Active candidate for Board certification in obstetrics and gynecology

Active Affiliate

- Other women's healthcare affiliation
Please Explain Position _____

Personal Information

Name: _____ Ph.D. M.D. D.O.

Mailing Address: _____ Date of Birth: _____

City, State, Zip _____ Business Phone: _____

Email: _____ Fax: _____

Training and Certification

Residency Program Attended _____ City, State _____ Dates _____

Fellowship Program Attended _____ City, State _____ Dates _____

Certification Status: Certified (Date: _____) Active Candidate N/A

Hospital Affiliations

Hospital/Medical Center, City, ST _____ Attending Status _____ Dates _____

*Please complete the application/ payment and send to:
515 N. Dearborn St., Chicago, IL 60654 - (P) 312-670-2550 (F) 312-670-3646
(E) cgs@cmsdocs.org. Regular Dues: \$400 (includes 4 dinner credits)*