



**Infectious Diseases Society for Obstetrics and Gynecology  
Application for Member-in-Training**

(Please print or type)

Name: \_\_\_\_\_  
                    First                    Middle Initial                    Last                    Credentials

Institution: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Describe your involvement in the care of women with infectious diseases:

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

Have you attended an IDSOG annual meeting?       YES       NO

Year(s) attended: \_\_\_\_\_

**Letter of Sponsorship:** Applicants must be sponsored and seconded by two members in good standing of the Society. Letters of sponsorship are required and must accompany this application.

Name of Sponsor in support of your application: \_\_\_\_\_

Name of Sponsor in support of your application: \_\_\_\_\_

**Curriculum Vitae:** Please attach an updated CV with your application.

Signature of Applicant: \_\_\_\_\_

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