



## Infectious Diseases Society for Obstetrics and Gynecology Application for Membership

(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 presented at (1) annual meeting **OR** attended two (2) or more IDSOG annual meetings?

YES                       NO

Years 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: \_\_\_\_\_

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

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

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