



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

**Member Type:**

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

- YES                       NO

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

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

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

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