

FULL MEMBERSHIP APPLICATION

REQUIREMENTS FOR FULL MEMBERSHIP

FULL MEMBERSHIP is for US and International individuals who are fully licensed to practice medicine in their country of residence or non-physicians with doctoral (PhD or equivalent), and are of high moral, ethical and professional standing.

Board certification is not required to become a Full Member, however SGO is interested in knowing if you are certified by one of the following boards:

1. Certified in Gynecologic Oncology by the American Board of Obstetrics and Gynecology (ABOG);
2. Certified in Medical Oncology by the American Board of Internal Medicine (ABIM);
3. Certified in Pathology by the American Board of Pathology (ABP);
4. Certified in Gynecologic Oncology by the American Osteopathic Board of Obstetrics and Gynecology (AOBOG);
5. Certified in Radiation Oncology by the American Board of Radiology (ABR).
6. Non-physician with doctoral degree

Candidates must satisfy one or more of the following qualifications:

- Training in their respective field from an accredited residency or fellowship program.
- A minimum of one-year active practice, with adequate experience in their respective field, and provide either primary or consultative care to patients with gynecologic cancers or disease.
- Competence in pathology, gynecologic oncology, medical oncology or radiation oncology.
- Conduct either basic, translational, and/or clinical research in the field of gynecologic cancers or disease.

Please contact the SGO Membership Staff at **1-312-235-4060** or **membership@sgo.org** for more information.

APPLICATION PROCESS

- Complete the enclosed application form and submit to **membership@sgo.org** or:

Society of Gynecologic Oncology
Membership Department
230 W. Monroe St., Suite 710
Chicago, IL 60606-4703 USA

- Email a digital photograph to **membership@sgo.org**.
- Applications are accepted throughout the year. If you apply for membership after July 1, a portion of your membership benefits (online and journal access specifically) will activate on January 1 of the next year.
- Completed applications are reviewed by the Membership Committee and the Board of Directors. Members shall be elected by a majority vote of the SGO Board of Directors.
- Applicants will be notified of their election status within 4-6 weeks of the completion of their application.

Membership dues based on World Bank Classification:

Tier 1: \$625 (first year 50% discount \$312.50 plus \$75 application fee)
Tier 2: \$210
Tier 3: \$175
Tier 4: \$50

Please see last page for your tier classification.

Complimentary print and on-line *Gynecologic Oncology* journal subscription is included for Tier 1. Complimentary on-line only subscription is included for Tiers 2-4. Subscriptions operate on a calendar year (Jan. – Dec.) only. Members who join mid-year will be mailed all available back issues for that year.

Full Membership Application

PERSONAL INFORMATION	
Full Name	
Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth (MM/DD/YY)
Place of Birth	
Citizenship	
Title	
Institution	
PROFESSIONAL ADDRESS & CONTACT INFORMATION	
Primary Address (If applicable your journal will be sent here) <input type="radio"/> Work <input type="radio"/> Home	
Work Address Line 1 (where I see my patients)	
Address Line 2	
City	State/Province
Country	Postal Code
Phone Number (Country Code + City Code + Number)	Fax Number
Cell Phone Number (Country Code + City Code + Number)	
Country or Countries where licensed	
List memberships in other professional medical societies	
GYNECOLOGIC ONCOLOGY GROUP (GOG) GYNECOLOGIC CANCER INTER GROUP (GCIPG)	
Clinical trial team member? <input type="radio"/> Yes <input type="radio"/> No	
Institution Name	
PROFESSIONAL DESIGNATION	
<input type="radio"/> MD	<input type="radio"/> PhD
<input type="radio"/> DO	<input type="radio"/> DVM
<input type="radio"/> MBBS	<input type="radio"/> Other _____
PROFESSION	
<input type="radio"/> Gynecologic Oncologist	
<input type="radio"/> Medical Oncologist	
<input type="radio"/> Pathologist	
<input type="radio"/> Radiation Oncologist <input type="radio"/> Other _____	

PROFESSIONAL INFORMATION	
University/College	
Degree	Date
Medical School	
Degree	Date
Residency	
Degree	Date
Fellowship	
Degree	Date
LICENSURE	
Number	State or Province, Country
Board Certification: <input type="radio"/> Yes <input type="radio"/> No (If you would like to include your board certification in our Seek a Specialist database please include a copy of the certificate or letter from the certifying board verifying board certification with you application.)	
ACADEMIC APPOINTMENTS	
1	
2	
HOSPITAL AFFILIATIONS	
1	# of Cases Last Year
2	# of Cases Last Year
Any investigations pending? <input type="radio"/> Yes <input type="radio"/> No	
Any license revocations or restrictions? <input type="radio"/> Yes <input type="radio"/> No	
Any felony convictions? <input type="radio"/> Yes <input type="radio"/> No	
DISEASE SITE SPECIALTIES (CHECK ALL THAT APPLY)	
<input type="radio"/> Breast <input type="radio"/> Cervical <input type="radio"/> Endometrial <input type="radio"/> Fallopian	
<input type="radio"/> Ovarian <input type="radio"/> Uterine <input type="radio"/> Vaginal <input type="radio"/> Vulvar	
PLEASE INDICATE YOUR CURRENT PROFESSIONAL ACTIVITIES AND THE PERCENTAGE OF TIME YOU DEDICATE (TOTAL MUST BE 100%)	
Current specific daily gynecologic oncology-related professional activities	_____ %
Current specific daily non-gynecologic oncology-related activities	_____ %
Total	100%
<input type="radio"/> Clinical <input type="radio"/> Basic Research <input type="radio"/> Both	
Academic Title	
Institution	
PRACTICE LOCATION (CHOOSE FROM THE LIST BELOW)	
<input type="radio"/> Academic Medical Center/University	
<input type="radio"/> Private Practice (Office or Hospital-based)	
<input type="radio"/> Government Agency	
<input type="radio"/> Pharmaceutical/Biotechnology Company	
<input type="radio"/> Administration	
<input type="radio"/> Laboratory Research	

In furtherance of my application for membership in the Society of Gynecologic Oncology (SGO), I hereby authorize the evaluation and validation of my credentials by SGO in accordance with and subject to the rules and procedures of the SGO.

I request and authorize any hospital, medical staff, medical organization or individual who may have information (including, but not by way of limitation, medical records, patient records, and reports of committees) which they deem relevant to my fitness for membership in SGO to provide such information to SGO.

I hereby release from liability and waive any claim for damages that I may have against SGO, its officers, directors, members, employees and agents for any acts that they may perform in good faith in connection with my application, and any hospital, medical staff, medical organization or individual supplying information with respect to my application.

I understand that the decision as to whether I am qualified to be elected to SGO membership rests solely and exclusively in the SGO Board of Directors; that its decision is final; and that SGO is not a credentialing or certifying body. Membership in the SGO does not confer the right to practice or affect hospital privileges.

I attest that the information presented in this application is truthful and accurate.

Signature	Date
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PAYMENT METHOD	
<input type="radio"/> Check enclosed payable to SGO	<input type="radio"/> Please issue an invoice that I can pay online
<input type="radio"/> Tier 1: \$387.50 (first year 50% discount off \$625 Full dues plus one time \$75 application fee)	
<input type="radio"/> Tier 2: \$210	
<input type="radio"/> Tier 3: \$175	
<input type="radio"/> Tier 4: \$50	

HOME ADDRESS	
Address Line 1	
Address Line 2	
City	Postal Code
State/Province	
Country	

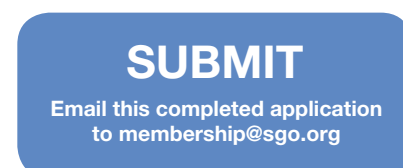
If paying by check please make check payable to SGO and mail with the completed form to the central office.

Attention Membership Department

Society of Gynecologic Oncology
230 W. Monroe St., Suite 710
Chicago, IL 60606-4703 USA

If the application is not approved, the amount of dues will be refunded via the original form of payment minus the application fee. New Member dues received Jan. 1– Jun. 30 are applied to the current year. Dues received Jul. 1– Dec. 31 are applied to the following year although membership becomes active upon approval.

For assistance, call 1-312-235-4060 or membership@sgo.org.



Full Membership Dues based on World Bank Classification



Tier 4 \$50 (USD)

Afghanistan
Benin
Burkina Faso
Burundi
Central African Republic
Chad
Comoros
Congo, Dem. Rep.
Eritrea
Ethiopia
Gambia, The
Guinea
Guinea-Bissau
Haiti
Korea, Dem. People's
Rep.
Liberia
Madagascar
Malawi
Mali
Mozambique
Nepal
Niger
Rwanda
Senegal
Sierra Leone
Somalia
South Sudan
Tanzania
Togo
Uganda
Zimbabwe

Tier 3 \$175 (USD)

Angola
Armenia
Bangladesh
Bhutan
Bolivia
Cabo Verde
Cambodia
Cameroon
Congo, Rep.
Côte d'Ivoire
Djibouti
Egypt, Arab Rep.
El Salvador
Georgia
Ghana
Guatemala
Honduras
India
Indonesia
Jordan
Kenya
Kiribati
Kosovo
Kyrgyz Republic
Lao PDR
Lesotho
Mauritania
Micronesia, Fed. Sts.
Moldova
Mongolia
Morocco
Myanmar
Nicaragua
Nigeria
Pakistan
Papua New Guinea
Philippines
São Tomé and Príncipe
Solomon Islands
Sri Lanka
Sudan
Swaziland
Syrian Arab Republic
Tajikistan
Timor-Leste
Tunisia
Ukraine
Uzbekistan
Vanuatu
Vietnam
West Bank and Gaza
Yemen, Rep.
Zambia

Tier 2 \$210 (USD)

Albania
Algeria
American Samoa
Argentina
Azerbaijan
Belarus
Belize
Bosnia and Herzegovina
Botswana
Brazil
Bulgaria
China
Colombia
Costa Rica
Croatia
Cuba
Dominica
Dominican Republic
Ecuador
Equatorial Guinea
Fiji
Gabon
Grenada
Guyana
Iran, Islamic Rep.
Iraq
Jamaica
Kazakhstan
Lebanon
Libya
Macedonia, FYR
Malaysia
Maldives
Marshall Islands
Mauritius
Mexico
Montenegro
Namibia
Nauru
Panama
Paraguay
Peru
Romania
Russian Federation
Samoa
Serbia
South Africa
St. Lucia
St. Vincent and the
Grenadines
Suriname
Thailand
Tonga
Turkey
Turkmenistan
Tuvalu
Venezuela, RB

Tier 1 \$625 (USD) + \$75 application fee

Andorra
Antigua and Barbuda
Aruba
Australia
Austria
Bahamas, The Bahrain
Barbados
Belgium
Bermuda
British Virgin Islands
Brunei Darussalam
Canada
Cayman Islands
Channel Islands
Chile
Curaçao
Cyprus
Czech Republic
Denmark
Estonia
Faroe Islands
Finland
France
French Polynesia
Germany
Gibraltar
Greece
Greenland
Guam
Hong Kong SAR, China
Hungary
Iceland
Ireland
Isle of Man
Israel
Italy
Japan
Korea, Rep.
Kuwait
Latvia
Liechtenstein
Lithuania
Luxembourg
Macao SAR, China
Malta
Monaco
Netherlands
New Caledonia
New Zealand
Northern Mariana Islands
Norway
Oman
Palau
Poland
Portugal
Puerto Rico
Qatar
San Marino
Saudi Arabia
Seychelles
Singapore
Sint Maarten (Dutch part)
Slovak Republic
Slovenia
Spain
St. Kitts and Nevis
St. Martin (French part)
Sweden
Switzerland
Taiwan, China
Trinidad and Tobago
Turks and Caicos Islands
United Arab Emirates
United Kingdom
United States
Uruguay
Virgin Islands (U.S.)

The source of the country classification is the World Bank. The classification is for the current 2018 fiscal year and is based on 2016 Gross National Income (GNI) index. Countries in bold font indicate a change in classification.