Atlantic Society of Obstetricians and Gynæcologists

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**Membership Renewal Information Form 2019**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred

Mailing Address Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office ❏ Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_

Home ❏

Province/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to receive correspondence by email? Yes ❏ No ❏

**Type of Membership:**

❏ Active (Atlantic Canadian Ob/Gyn's who qualify, voting, pay fees, hold office)

❏ Resident (Dalhousie or Memorial Obs-Gyn PGY 1-5 - non-voting, no fees, no office)

❏ Honorary (Distinguished Colleagues, Meritorious Service, non- voting, no fees, no office)

❏ Associate (Non-Ob/Gyn or Non-resident Ob/Gyn - non-voting, no fees, no office)

❏ Life (Over 65 years or retired, voting, no fees, no office)

**If requesting a change in the type of membership – please indicate**

[ ] Resident to Active (No fee in first year out) Year of change \_\_\_\_\_\_

[ ] Active to Life Year of change \_\_\_\_\_\_

**Active Members Fees are $150.00 per year. If this applies to you, please send a cheque to the address above, or pay online. Members with dues outstanding will need to pay any arrears prior to attending the Annual Meeting. All those attending the Annual Meeting shall also pay the Registration Fee.**

**Membership fee $150 for year 2019 enclosed [ ]**

**Membership fee $150 for year 2018 (if applicable) enclosed [ ]**

**I will be attending the 2019 Annual Meeting [ ] Yes [ ] No**