



# **PACIFIC NORTHWEST OBSTETRICAL AND GYNECOLOGICAL ASSOCIATION**

## **MEMBERSHIP APPLICATION**

### ***MEMBERSHIP REQUIREMENTS***

Eligibility for membership in the Pacific Northwest Obstetrical and Gynecological Association requires physicians to be licensed to practice medicine and who are board certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the Royal College of Physicians and Surgeons of Canada.

Practice areas for membership in Pacific Northwest Obstetrical and Gynecological Association include: Canadian Provinces of Alberta and British Columbia, as well as States in the United States of Alaska, Idaho, Montana, Oregon, Washington, and the Yukon, or the Northwest Territories.

Two sponsors who are members in good standing in the Association are required to endorse the Candidate for membership.

According to the Bylaws of the Pacific Northwest Obstetrical & Gynecology Association, a Candidate is required to attend one of the next three Annual Meetings after being accepted as a Candidate.

Please complete your application and send to address listed on application.

Thank you!  
Board of Directors  
PNOGA

[www.pnoga.org](http://www.pnoga.org)

**APPLICATION FOR MEMBERSHIP**  
**Pacific Northwest Obstetrical and Gynecological Association**  
*3021 NE 72<sup>nd</sup> Drive, Suite 9, Box 71, Vancouver, WA 98661*

**PLEASE TYPE OR PRINT**

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

Name: \_\_\_\_\_ Spouse/Partner (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State/Province Zip

Office/Practice Name: \_\_\_\_\_

Office Address: \_\_\_\_\_  
City State /Province Zip

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_

***CURRICULUM VITAE***

*(please complete the below AND attach copy of current CV)*

Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_

***EDUCATION – UNDERGRAD/MEDICAL SCHOOL:***

<i>College/Location</i>	<i>Degree</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***INTERNSHIP:***

<i>Hospital/Location</i>	<i>Date</i>
_____	_____
_____	_____

***RESIDENCY:***

<i>College/Location</i>	<i>Date</i>
_____	_____
_____	_____

***OTHER POST-GRADUATE TRAINING:***

<i>College/Location</i>	<i>Degree</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____

**PRACTICE SPECIALTY:**

City	State/Province	Dates
City	State/Province	Dates

**BOARD CERTIFIED OR EQUIVALENT:**

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**HOSPITAL APOINTMENTS:**

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**OTHER HONORS:**

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Date

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Date

**MEDICAL SOCIETIES/ORGANIZATIONS:**

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**PUBLICATION IN MEDICAL LITERATURE:** [Attach list]

**MEMBER SPONSORS:** Can be signatures on this form, a separate signed sponsorship letter sent to Executive Director, or bring application to the Annual Meeting for sponsorship by Executive Board Members.

1. \_\_\_\_\_
2. \_\_\_\_\_

**PLEASE SEND YOUR COMPLETED APPLICATION TO:**

***Pacific NW Obstetrical and Gynecological Association  
3021 NE 72<sup>nd</sup> Drive, Suite 9, Box 71, Vancouver, WA 98661***

**QUESTIONS:**

Mary Olhausen – Executive Director, PNOGA - Office: 360-892-1814. Cell: 503-880-7383. [Omary52@comcast.net](mailto:Omary52@comcast.net)

**PNOGA USE: Action by Executive Committee:**

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

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