

**THE MIAMI OBSTETRICAL AND GYNECOLOGICAL SOCIETY
MIAMI, FLORIDA**

Dear Doctor

You have been proposed for membership in **THE MIAMI OBSTETRICAL AND GYNECOLOGICAL SOCIETY**.

The Society was founded in 1946 with the mission of promoting knowledge in all that pertains to Obstetrics and Gynecology, cultivating the fellowship among those affiliated with the Society, and taking a leadership role concerning standards of care in the community.

We have a dedicated membership (100+) of active community practitioners and attendings from the University of Miami School of Medicine.

We hold four general meetings each year. At each meeting we host a cocktail reception, conduct a brief business session, and enjoy a formal dinner which is followed by a medical presentation given by outstanding leaders in their field. The strong support which we receive from our pharmaceutical partners allow us to attract nationally recognized speakers.

Our annual dues include attendance to all of our general meetings, CME's, listing in the Society's webpage, and the Society's newsletter.

Please fill out the enclosed application and return the completed application with a copy of current CV in the enclosed envelope or you can scan and e-mail to (Jgarcia3@med.miami.edu) or fax to (305-325-1469)

Your peers have recognized that you practice with excellence and wish you to join them in our Society. I trust you will take advantage of this opportunity.

With warmest regards,

Jorge J. Garcia MD
Ex-Oficio Board Member
Membership Committee

THE MIAMI OBSTETRICAL AND GYNECOLOGICAL SOCIETY

Membership Application

Date _____

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

OFFICE ADDRESS _____

OFFICE PHONE _____ OFFICE FAX _____

E-MAIL _____

MEDICAL SCHOOL	LOCATION	YEAR OF GRADUATION
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RESIDENCY & POST GRADUATE TRAINING	LOCATION	DATES
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DIPLOMATE OF ABOG YES NO IF YES, DATE _____

DIPLOMATE SUBSPECIALTY BOARD
(PLEASE SPECIFY) _____ DATE _____

PRESENT HOSPITAL AFFILIATION (S)

Name _____

UNIVERSITY AFFILIATIONS (PAST AND PRESENT):

MEMBERSHIPS IN MEDICAL SOCIETIES:

NOTE: The above information should account for ALL time since graduation from medical school. Please attach current C.V. Please have one active member of the Society send letter of endorsement and one active member send letter to propose.

PROPOSED BY: _____

ENDORSED BY: _____

Do not write below this line:

Approved by Council YES NO Date:
If no explain why: _____

Approved by Society YES NO Date:
If no explain why: _____

REMARKS:

