

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

Please Read the Qualifications for Membership
(Please Type or Print)

Date: _____

Name:

Last	First	Middle	Credentials
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Position:

Institution:

Department:

Office Address:

Office Phone: _____

Fax: _____

Email:

Bibliography:

Please attach a list of your contributions, academic presentations or writings within the field of infectious disease of women using the usual bibliographical form.

Letters of Sponsorship:

Applicants must be sponsored and seconded by members in good standing of the Society. Letters of sponsorship are required and must accompany this application.

Curriculum Vitae:

Please attach your curriculum vitae with this application.

Signature of Applicant: _____