



WESTERN ASSOCIATION OF GYNECOLOGIC ONCOLOGISTS (WAGO)

APPLICATION FOR MEMBERSHIP

Full Name / Designation: _____
(E.G.; John A. Smith, MD)

Business Address:

Telephone: _____

Fax: _____ Email: _____

Home Address:

Diplomat of American Board of: _____

Year Certified: _____

Certificate of Subspecialty Competence: _____

Year Certified: _____

Describe Your Involvement In:

- a. The care of women with tumors of the reproductive tract:

b. Clinical or basic investigation in gynecologic oncology:

c. The training of others in the care of women with tumors of the reproductive tract:

Percent of your time spent in clinical and/or research activities related to gynecologic oncology?

_____ %

Application will be endorsed by the following **two** active members of the society:

1) _____

2) _____

Did you receive your oncologic training in a hospital located west of the Mississippi (USA) or Western Provinces (CANADA)?

____yes ____no

Name of institution: _____

Do you practice west of the Mississippi (USA) or Western Provinces (Canada)?

yes no

Date paper(s) presented at a meeting of WAGO: _____

WAGO meeting(s) previously attended (indicate year): _____

NOTE: Curriculum Vitae must be included when submitting your application.

PAYMENT METHOD (please mark "X" to one selection)	
<input type="checkbox"/> Check Enclosed – made payable to WAGO	Please charge my Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Name as it appears on card	
Card Number	
Card Security Code	Expiration Date (MM/YY)
<input type="checkbox"/> I authorize the use of my credit card for the following charges: <input type="checkbox"/> Membership \$150.00 USD	
Card Holder Signature	Date

APPLICATION SUBMISSION

Please submit your **application and two (2) letters of recommendation** via e-mail to wago@wago.org.

You may also submit your application, supporting documentation, and payment via check, made payable to WAGO, to:

WAGO Headquarters

Attn: Jennifer Ocampo-Martinez
230 West Monroe St., Suite 710
Chicago, IL 60606