



Atlantic Society of Obstetricians and Gynaecologists

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Cheryl Pugh, MD, FRCSC, FACOG  
Secretary-Treasurer

**Membership Renewal Information Form 2018 (can also be completed online at address above)**

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

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, can hold office)
- Resident (Dalhousie or Memorial OBGYN PGY 1-5: non-voting, no fees, cannot hold office)
- Honorary (Distinguished Colleagues, Meritorious Service, non-voting, no fees, can not hold office)
- Associate (Non-Ob/Gyn or Non-resident Ob/Gyn - non-voting, no fees, can not hold office)
- Life (Over 65 years or retired, voting, no fees, can not hold 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 2018 enclosed [ ]

Membership fee \$150 for year 2017 (if applicable) enclosed [ ]

I will be attending the 201\* Annual Meeting [ ] Yes [ ] No