



**WESTERN ASSOCIATION OF GYNECOLOGIC ONCOLOGISTS (WAGO)**

**APPLICATION FOR ASSOCIATE MEMBERSHIP**

**Please identify ONE active WAGO member who referred you to apply for membership:**

\_\_\_\_\_

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

Current Institution / Business Mailing Address:

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Assistant E-mail (if applicable): \_\_\_\_\_

Home Mailing 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

If yes, provide name of institution: \_\_\_\_\_

Do you currently **reside** west of the Mississippi (USA) or Western Provinces (Canada)?

yes          no

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

Two (2) WAGO meeting(s) previously attended (indicate years): \_\_\_\_\_

**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 <b>WAGO</b>   | Please charge my Credit Card<br><input type="checkbox"/> Visa<br><input type="checkbox"/> MasterCard<br><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:<br><br><input type="checkbox"/> Membership \$150.00 USD |   |
| Card Holder Signature   | Date  |

### APPLICATION SUBMISSION

Please submit your **application, Curriculum Vitae (CV) and two (2) letters of recommendation** via e-mail to [wago@wago.org](mailto:wago@wago.org); or via fax at (312) 235-4059.

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

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