



Atlantic Society of Obstetricians and Gynaecologists

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Secretary-Treasurer

### Membership Renewal Information Form 2017

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

Preferred

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, hold office)
- Resident (Dalhousie or Memorial Obs-Gyn PGY 1-5 - non-voting, no fees, no office)
- Honorary (Distinguished Colleagues, Meritorious Service, non-voting, no fees, no office)
- Associate (Non-Ob/Gyn or Non-resident Ob/Gyn - non-voting, no fees, no office)
- Life (Over 65 years or retired, voting, no fees, no 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 2017 enclosed [ ]

Membership fee \$150 for year 2016 (if applicable) enclosed [ ]

I will be attending the 2017 Annual Meeting [ ] Yes [ ] No