

# SOCIETY OF GYNAECOLOGY AND OBSTETRICS OF NIGERIA (SOGON)

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AFFIX  
PASSPORT  
PHOTOGRAPH

## MEMBERSHIP APPLICATION FORM

Category of Membership (a) Full membership (b) Associate Membership

1. SURNAME: .....

2. OTHER NAMES .....

3. NAME OF ORGANIZATION / INSTITUTION AND ADDRESS: .....

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4. TELEPHONE No.: .....

5. E-MAIL: .....

6. DATE OF BIRTH: ..... 7. PLACE OF BIRTH: .....

8. ACADEMIC / PROFESSIONAL QUALIFICATIONS (with dates). Please attach Photocopies

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9. EDUCATIONAL INSTITUTIONS ATTENDED (With Dates) .....

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10. NAMES AND ADDRESSES OF TWO REFEREES (MUST BE SOGON MEMBERS)

i. NAME: ..... Address .....

ii. NAME: ..... Address .....

11. APPLICANT SIGNATURE & DATE: .....

You may complete and submit the following online or send to the Secretary General / National Secretariat by e-mail: chrisaimakhu@yahoo.com or by hand delivery of hard copy.

- i. This completed form;
- ii. Admission fees;
- iii. Photocopies of University Certificate;
- iv. Photocopies of Post graduate Certificate(s);
- v. Recent passport photograph.

NOTE: All applications must be received at least one week before the Annual Conference where new members are formally admitted.