

# YOGS

## YOGS MEMBERSHIP INVOICE 2012

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Degree) \_\_\_\_\_

Institution/Practice Name \_\_\_\_\_

Street Address \_\_\_\_\_ Office/Suite # \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Spouse/Partner's Name \_\_\_\_\_

**Membership Status** (please check one)

New Member                       Renewing Member

**Membership Dues** (please check one)

One Year    \$150                       Two Years    \$200  
 Lifetime Membership    \$1,500

**Two ways to pay:**

1. Online: Join/renew your membership at [www.med.yale.edu/obgyn/yogs](http://www.med.yale.edu/obgyn/yogs)
2. Return this form and payment to Yale Obstetrical and Gynecological Society (YOGS):

Yale University School of Medicine  
Department of Obstetrics, Gynecology and Reproductive Sciences  
333 Cedar Street, FMB 337  
P.O. Box 208063  
New Haven, CT 06520-8063  
Attn: Dianna Malvey  
Phone: 203-737-4593

Make checks payable to  
Yale Obstetrical and Gynecological Society