

**SOCIETY OF GYNAECOLOGY AND OBSTETRICS OF NIGERIA (SOGON)**

**www.sogon.org**

**E-mail: sogonnigeria@yahoo.com**



**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:.....  
.....
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).....  
.....  
.....
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: kanayo009@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.