



SECTION A – Membership Category (see Section F for definitions of membership categories)

Active Associate: Category 1 Category 2 Category 3 International Resident

SECTION B – Applicant Information

Name: Mr./Mrs./Ms./Dr./Prof _____

Centre: _____

Office Address: _____

Residence Address: _____

Mailing address: Office Address Residence Address

E-mail Address: _____

Office Phone: (_____) _____ Fax: (_____) _____

SECTION C – Recommendations

(for Active, Associate and International membership, the nominating and seconding members must be GOC members. For Resident membership, the nominating member is a GOC member and the seconding member is the Department Chair or the Postgraduate Program Director of the training program in which you are enrolled)

Nominating member: _____ Seconding member: _____

Signature _____ Signature _____

SECTION D - Professional Training

Please check one: MD PhD BScN RN Other (specify): _____

For MD's: MD degree obtained _____ Date: _____

Residency training _____ Date: _____

Fellowship training _____ Date: _____

Other training _____ Date: _____

Check all that apply: FRCS(C) FRCP(C) FACOG ABOG Certified ABOG Gyn Oncology Diplomat

Other: _____

For PhD's: PhD degree obtained _____ Date: _____

Post-doctoral Fellowship _____ Date: _____

For Nurses: Degree obtained _____ Date: _____

RN obtained _____ Date: _____

SECTION E - Professional Practice (clinicians)

Please check one: Gyn Onc Med Onc RadOnc Path Scientist Nurse Other: _____

Type of clinical practice: Private/Community Cancer Centre Other: _____

University appointment Yes No

% of Professional time spent in Gynecologic Oncology _____

% of time in last 12 months: Clinical _____ Teaching _____ Research _____ Admin _____

PLEASE ALSO COMPLETE AND SIGN PAGE 2 AND SUBMIT THE APPLICATION FORM WITH YOUR CURRICULUM VITAE.

FormVersion: November2011

SECTION F - Definitions of Membership Categories

Active Member

To be eligible for active membership, an individual must be a gynecologist, a medical oncologist, a radiation oncologist, or a pathologist trained or certified in Canada (or equivalent as determined by Council) who has completed additional formal training in gynecologic oncology. He/she must also be a member of a Division of Gynecologic Oncology or formal cancer program which offers comprehensive cancer treatment, including radical pelvic surgery, radiation and chemotherapy.

Associate Member

A. *Associate Member Category 1*: To be eligible for associate membership category 1, an individual must be a duly recognized physician who is deemed to commit a majority of his/her professional time to the advancement of gynecologic oncology but would not be eligible for active membership.

B. *Associate Member Category 2*: To be eligible for associate membership category 2, an individual must be a nurse, allied health professional or a scientist who is deemed to commit a majority of his/her professional time to the advancement of gynecologic oncology but would not be eligible for active membership.

C. *Associate Member Category 3*: To be eligible for associate membership category 3, an individual must be a resident registered in a sub-specialty training program (fellow-in-training) in gynecologic oncology including Surgical, Radiation or Medical Oncology and Pathology.

International Member: To be eligible for international membership, an individual must practice outside of North America and must:

- (i) have successfully completed additional formal training in gynecologic oncology, medical oncology or radiation oncology in Canada (or equivalent as determined by Council);
- (ii) be recognized by his/her peers as having expertise in the discipline; and
- (iii) be engaged in the practice of gynecologic oncology in his/her centre outside of North America. This practice shall be within an organized program of gynecologic oncology which offers comprehensive cancer treatment including radical pelvic surgery, radiation and chemotherapy. (It is noted that the organizational structure in jurisdictions outside of North America may vary).

Resident Member*: To be eligible for resident membership, an individual must be enrolled in a recognized postgraduate training program in Obstetrics and Gynaecology, Medical Oncology, Radiation Oncology, or Pathology.

Provisional Member*: To be eligible for provisional membership, an individual's membership application must have been approved by the Membership Committee.

*Such members may not vote nor hold office but are entitled to any other rights or privileges of membership in the Society.

SECTION G – Provisional Membership and Initial Dues Payment

Acceptance of your application by the Membership Committee will provide you with Provisional Membership until the next Annual Business Meeting in June, at which the membership will vote on your nomination. Dues are pro-rated from the date of acceptance until the next Annual Business Meeting, as follows:

If you apply for membership from:	For Active, Associate - Category 1, International, the pro-rated dues amount is:	For Associate - Categories 2 & 3, Resident, the pro-rated dues amount is:
May to September	\$250.00	\$75.00
October to December	\$200.00	\$50.00
January to March	\$150.00	\$37.50
April	\$100.00	\$25.00

SECTION H – Method of Payment (payment must accompany application)

Payment method: Cheque Visa MasterCard Amount paid: \$ _____

Card #: _____ Expiry mm/yy: _____

Signature of cardholder: _____

SECTION I – Agreement and Signature

I wish to become a member of The Society of Gynecologic Oncology of Canada and, if accepted, I hereby agree to promote the honor and interest of the Society, and to observe the enactments of its By-laws. I understand that the membership roll of the Society, but not my private (not publicly available) information, will be published in the GOC Membership Directory and may be made available to other national and international organizations when deemed appropriate by Executive Council.

I accept do not accept to have my name provided to other organizations.

Date: _____ Signature: _____

SECTION J – Mailing Instructions

Please email, mail or fax this form along with a copy of your Curriculum Vitae and payment to: The Society of Gynecologic Oncology of Canada, 780 Echo Drive, Ottawa, ON K1S 5R7 Canada, hsoubliere@g-o-c.org, 613-730-4314. For inquiries, contact the GOC at 613-730-4192 ext. 250 or 1-800-561-2416 ext. 250