

Membership SPONSOR
St. Louis Obstetrical & Gynecological Society
680 Craig Road, Suite 308
St. Louis, MO 63141
Phone: (314) 989-1014

SPONSOR QUESTIONNAIRE

APPLICANT'S NAME: _____

Please complete the following information concerning the above named applicant.

1. APPLICANT'S SPECIALTY (& SUBSPECIALTY)

2. APPLICANT'S HOSPITAL AFFILIATIONS (to your knowledge)

3. APPLICANT'S MEDICAL SCHOOL AFFILIATION (to your knowledge)

4. Will you personally vouch that the applicant's character, morals and ability are of high quality so as to be an asset to the Greater St. Louis Obstetrical and Gynecological Society?

5. Will you personally vouch that the applicant has not been and does not intend to be involved in any organization or activity conducted on principles or with goals contrary to the Principles of Medical Ethics of the AMA? _____

6. Have you encouraged the applicant to actively participate in the activities and committees of the Greater St. Louis Obstetrical and Gynecological Society? _____

YOUR NAME _____

DATE _____