



**Florida Society of Gynecologic Oncology
Application for Candidate Membership**

Name: _____
(last) (first) (middle)

Present Title: _____

Office Address: _____

Phone: _____

Fax: _____

e-mail _____

Fellowship program: _____

Year completed: _____

General Ob/Gyne Boards _____ **Part I** _____ **Part II (years)**

Gyne Oncology Boards _____ **Part I** _____ **Part II (years)**

Diplomate of American Board of Ob/Gyne _____ **yes** _____ **no**

Fellow American College of Ob/Gyne _____ **yes** _____ **no**

Are you a member of SGO? _____ **yes** _____ **no**

Please remit this form with copy of current curriculum vitae to:

Dr. Matthew Robertson III

Mayo Clinic Florida

4500 San Pablo

Jacksonville, FL 32224