



**Florida Society of Gynecologic Oncology**  
**Application for Full 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