



Society of Obstetricians & Gynaecologists of Pakistan

Membership Form

Name:		
Qualification		
Permanent Address		
Place of Work & Designation		
PMDC No /Registration No.	CNIC No:	
Phone No:	Mobile No:	
E-Mail Address:		
Field of Interest:		
Life Membership	US\$ 100 (1 st Year AOFOG, FIGO & SAFOG Fee is Included)	
<p>I enclose a Bank Draft /Cross Cheque/Cash for USD/Pound/ Dirham as ----- Membership fee on account payable to "Society of Obstetricians and Gynaecologists of Pakistan" (SOGP).</p>		
<p>Note: Kindly inform any change in postal address or phone number to office address given below at earliest</p>		
Dated: _____		Signature: _____
<p>Kindly Send or Attach a Recent Passport Size Photograph for Membership Card</p>		
<p>SOGP Secretariat: Department of Obstetrics & Gynaecology Ward - 8 Jinnah Postgraduate Medical Centre, (JPMC) Rafiquae Shaheed Road Karachi Ph: 0092-21-99205040 E-mail: sogpjpmc@hotmail.com, Website: www.sogp.org</p>		