

The  
New York Obstetrical Society  
**APPLICATION FOR FELLOWSHIP**

NAME:

Proposed by:

Endorsed by (1)

Endorsed by (2)

Proposer and endorser must sign personally and separate letters of recommendation must be sent by each to the Secretary.

For Secretary's Use Only

Date Received:

Ballot:

First Announcement

Second Announcement

Action of Membership Committee

Action of Council

Action of Society

**Name**

**Place of Birth**

**Date of Birth**

**Address (Home)**

**(Office)**

## **EDUCATION**

**High of Preparatory School**

**Academic College**

Date of Graduation

Degree

**Medical School**

Date of Graduation

Degree

**Internship** (Places and dates)

**Residencies** (Places and dates)

## **PRACTICE**

**Teaching Appointments** (Past and Present with Dates)

**Hospital Appointments** (Past and Present with Dates)

**Medical Societies** (Include American College of Physicians or Surgeons, American Boards, etc. with dates)

**Officerships in Medical Organization** (Past and Present)

## **MILITARY AND CIVIC SERVICES**

**Military Service**

**Civic Services** (Service on Boards of Trustees of Public or Educational Institutions, Officerships in Red Cross, etc.)

**RECORD OF PUBLISHED WRITINGS OR RESEARCH** (List dates and where published)