

# AAPLOG MEMBERSHIP APPLICATION/MEMBERSHIP RENEWAL

## AAPLOG Mission Statement

As members of AAPLOG we affirm:

1. That we, as physicians, are responsible for the care and well being of both our pregnant woman patient and her unborn child.
2. That the unborn child is a human being from the time of fertilization.
3. That elective disruption/abortion of human life at any time from fertilization onward constitutes the willful destruction of an innocent human being, and that this procedure will have no place in our practice of the healing arts.
4. That we are committed to educate abortion-vulnerable patients, the general public, pregnancy center counselors, and our medical colleagues regarding the medical and psychological complications associated with induced abortion, as evidenced in the scientific literature.
5. That we are deeply concerned about the profound, adverse effects that elective abortion imposes, not just on the women but also on the entire involved family, and on our society at large. Therefore, we pledge to use our talents and skills to educate our patients, the public, our colleagues, and our students in order to promote respect for life in all stages of development; and, thus, to enhance the well-being of our entire society.

I am in agreement with the Mission Statement.

Signature: \_\_\_\_\_

Membership in this organization shall be open to all physicians who have completed an ACGME or AOA approved OB/GYN residency program. We welcome as Associate Members any other physician or para-medical person who agrees with our mission statement.

Name: \_\_\_\_\_ Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Send AAPLOG mail to the following address:(if different) \_\_\_\_\_

Office Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Include name, office phone # on website? Yes \_\_\_ No \_\_\_

Are you currently receiving email from AAPLOG? Yes \_\_\_ No \_\_\_

**OB/GYN Member:** M.D. \_\_\_ D.O. \_\_\_ OB/GYN Sub-Specialty \_\_\_\_\_

ACOG Member: \_\_\_ ACCOG Member: \_\_\_ Board Certified: \_\_\_ Board Eligible: \_\_\_ Retired: \_\_\_

## Annual Dues

Active Members:	\$200.00	Dues can be deducted as a business expense.
Retired Members:	\$100.00	
Resident Members:	Free	
New Members:	Free	

Non OB/GYN Associate: M.D. \_\_\_ D.O. \_\_\_ Specialty: \_\_\_\_\_ Nurse \_\_\_ Other \_\_\_

No dues required for associates. Contribution of any amount accepted. We are a 501 C3 organization. We will send a tax exempt receipt for donations.

*Please make checks payable to AAPLOG at address below.*

For credit card, give Visa/Mastercard #: \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

## EXECUTIVE OFFICE

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