



2026 MEMBERSHIP FOR STUDENTS/RESIDENTS

NAME: _____

CREDENTIAL/AFFILIATION: _____

EMAIL: _____

PHONE: _____ I consent to receive text/SMS messages from AAPLOG

ADDRESS: _____

CITY: _____ STATE: _____

COUNTRY: _____ POSTAL/ZIP CODE: _____

Yes! Sign me up for 2026 AAPLOG membership (Active through Jan 15, 2027)

___ Yes ___ No I agree with the AAPLOG mission statement <https://aaplog.org/mission>

\$0 Medical Students or Other Healthcare Professional Students or Resident Physicians in Training

\$ _____ My tax-deductible gift to AAPLOG

\$ _____ Total of check

Resident or Student Type

- OB Resident
- FM Resident
- Other Resident
- Post Residency Fellow
- Medical Student
- Other Student (please specify) _____

Medical/Other Professional School Graduation Year or Projected Graduation Year: _____

Anticipated Residency Completion Year: _____

Expected Fellowship Completion Year: _____

I'd like to refer these colleagues to AAPLOG:

Questions? Please contact Cathy Deeds at 202-230-0997 or Cathy@aaplog.org

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