



The Council of University Chairs of
Obstetrics and Gynecology

Membership – Record Update Form

Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

Credentials:
(i.e. MD, PhD) _____

Position: _____

Institution: _____

Department: _____

Work Address: _____

Work Phone: _____

Fax: _____

Email: _____

Assistant Email: _____

Dep. Administrator/Program Director Name: _____

Dep. Administrator/Program Director E-mail: _____

Dept. Administrator / Program Director Phone: _____

Date of Chair Appointment (for membership log tracking purposes only): _____

Name of Previous Department Chair: _____

Submit form to:

Council of University Chairs of Obstetrics and Gynecology (CUCOG)

230 W. Monroe, Suite 710

Chicago, IL 60606

Email: cucog@cucog.org