



Application for Membership

Pennsylvania Academy of Otolaryngology — Head and Neck Surgery

777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820

(717) 558-7750

(Please type or print clearly.)

Name: _____

Office Address: _____ Home Address: _____

Office Phone: _____ Home Phone: _____

Fax: _____ Preferred Mailing Address: Office Home

E-Mail: _____ Preferred Communication: Mail E-Mail Fax

Date of Birth: _____ Sex: Male Female

Medical School Graduation Year: _____ Degree Received: _____

Residency Institution: _____

Residency Completion Date (if not completed, please provide anticipated completion date): _____

Fellowship: _____

Fellowship Completion Date (if not completed, please provide anticipated completion date): _____

- Subspecialty:**
- | | |
|--|---|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Otolaryngology/Neurotology |
| <input type="checkbox"/> Bronchoesophagology | <input type="checkbox"/> Pediatric Otolaryngology |
| <input type="checkbox"/> Head & Neck Surgery | <input type="checkbox"/> Plastic & Reconstructive Surgery |
| <input type="checkbox"/> Laryngology | <input type="checkbox"/> Rhinology |
| <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Skull Base Surgery |
- Certification:** General Otolaryngology Other (please specify): _____

Date of Certification: _____ Practice Start Date: _____

Membership Classification (see reverse side for eligibility requirements)

- Active (Dues - \$350)
- Active-Associate (Early Career) (Dues - \$110) When will you complete your 2nd year of practice? _____
- Out-of-State (Dues - \$55)
- Affiliate (Dues - \$55)
- Member-In-Training (Dues - Free)

Endorsements - Required (Must be current active members of PAO-HNS.)

1. _____
Name (print) Signature

2. _____
Name (print) Signature

Applicant's Signature: _____ Date: _____

(see next page for payment information)

Active Member:

A physician (MD or DO): (1) who is licensed to practice medicine in Pennsylvania; (2) whose practice is limited to otolaryngology/head and neck surgery; and (3) who has completed an approved residency training program or fellowship in otolaryngology or in their equivalent. In addition, he/she should be a member in good standing in his/her county, state and national medical societies. Physicians in their first two years of practice, after completion of an approved residency program or fellowship in otolaryngology, shall pay lower dues set by the council. Active members are eligible to vote and hold office.

Out-of-State:

Physicians qualified for active membership whose residence and practice is outside Pennsylvania.

Member-In-Training:

Residents and fellows in training in the field of otolaryngology/head and neck surgery.

Affiliate Member:

Non-physicians who by their expertise are qualified to serve as consultants on Academy committees.

Please send completed application and check for first-year dues to:

PA Academy of Otolaryngology
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

Or Fax with credit card information to: **717-558-7841**

Please check method of payment:

Check (*payable to: Pennsylvania Academy of Otolaryngology – Head and Neck Surgery*)

Credit Card: VISA MasterCard Discover

Card Number: _____ Expiration Date: _____

Name on Card: _____ CVV2 Code (on back of card): _____

Billing Address: _____

Signature: _____

Amount Enclosed: \$ _____