



# 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:  Allergy  Otolaryngology/Neurotology

Bronchoesophagology  Pediatric Otolaryngology

Head & Neck Surgery  Plastic & Reconstructive Surgery

Laryngology  Rhinology

Otolaryngology  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 second 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  VISA  MasterCard  Discover

Make check payable to *Pennsylvania Academy of Otolaryngology – Head and Neck Surgery*.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_