

AAOA Membership Application

| | | | |
|--|-----------------|-----------------------------|-------------------------|
| First Name _____ | Last Name _____ | Degree _____ | DOB _____ / ____ / ____ |
| E-mail Address Required (Please provide a unique, preferably personal email address) _____ | | Personal Phone _____ | |
| Office Practice Name _____ | | Office Phone _____ | |
| Office Address _____ | | City State Zip _____ | |
| Optional: Ethnicity/Race: _____ | | Gender: M / F / Other _____ | |

I certify that the information presented on this application is true, correct and complete. I understand that if any information I have submitted on or within this application is untrue, incorrect or incomplete, I may be subject to discipline by the AAOA, which discipline may include being expelled from the organization. I additionally grant permission for the AAOA to contact me regarding association and member-relevant information.

| | |
|-----------------|------------------------|
| Signature _____ | Application Date _____ |
|-----------------|------------------------|

I Wish to Enroll As:

| | | |
|---|--|---|
| <input type="checkbox"/> ASSOCIATE <ul style="list-style-type: none"> \$435 application fee Proof of successful completion of residency Copy of ABOto Board certificate/ proof of eligibility | <input type="checkbox"/> ACADEMIC ASSOCIATE (full-time faculty) <ul style="list-style-type: none"> \$435 application fee Letter from Department Chair confirming full-time faculty status on letterhead Proof of successful completion of residency Copy of ABOto Board certificate/proof of eligibility | <input type="checkbox"/> INTERNATIONAL MEMBER <ul style="list-style-type: none"> \$435 application fee (payable in US dollars) Proof of recognition as a practicing otolaryngologist within current country Proof of maintaining an active otolaryngology practice |
| <input type="checkbox"/> ADVANCED PRACTITIONER (NP/PA) <ul style="list-style-type: none"> \$205 application fee Letter of recommendation from the AAOA member physician for whom the applicant works | <input type="checkbox"/> MILITARY ASSOCIATE <ul style="list-style-type: none"> \$435 application fee Letter from the Superior Officer confirming full-time military status on letterhead Proof of successful completion of residency Copy of ABOto Board certificate/proof of eligibility | <input type="checkbox"/> RESIDENT <ul style="list-style-type: none"> \$45 one-time Resident Dues Letter of recommendation from Department Chair on letterhead Estimated completion date Resident membership is free with active membership of Program Chair or Training Program Director |
| <input type="checkbox"/> ALLIED HEALTH <ul style="list-style-type: none"> \$205 application fee Letter of recommendation from the AAOA member physician for whom the Allied Health applicant works | | |

Medical School _____ Year Completed _____

OTO Residency _____ Year Completed/Projected _____

Other Residency _____ Year Completed _____

Board Certification _____ Year Completed _____

Practice Type: Private Employed Academic

Practice Size: # of Physicians _____ # of Staff _____

Medical Societies _____

SCOPE OF PRACTICE (check major practice areas)

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Head & Neck | <input type="checkbox"/> Rhinology |
| <input type="checkbox"/> Facial Plastics | <input type="checkbox"/> Laryngology | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> General ENT | <input type="checkbox"/> Otology/ Neurotology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Pediatrics | |

Please mail completed application and your check payable to:

AAOA Inc.
Attn: Membership
11130 Sunrise Valley Drive | Suite 100
Reston, Virginia 20191

Completed applications can also be scanned and emailed to: bwokas@aaoaallergy.org or faxed to: 202.955.5016. Call the AAOA office at: 202.955.5010 on the next business day to pay by credit card. Contact bwokas@aaoaallergy.org with any questions.

