# AAOA Membership Application

## APP|Allied Health

**Step 1**: Eligibility - Applicants must be employed by an active AAOA member physician (Fellow or Associate)
**Step 2**: Complete this Membership Application
**Step 3**: Attach letter of recommendation from active AAOA member physician employer
**Step 4**: Submit APP|AH Member Application Fee: $259
**Step 5**: Log in to create AAOA Profile
**Step 6**: Member candidate eligible for all applicable benefits once approved

Once steps 1-5 are complete, AAOA will confirm your status as member candidate after which you are eligible for all applicable member benefits. Member candidates are considered annually in conjunction with the Annual Business Meeting. AAOA membership is on a calendar cycle.

## Personal Information

First Name | Last Name
Degree | Birth of Date
Email | Cell Number
Gender | Years in Practice

## Practice/Institution Information

Practice/Institution Name
Address | Suite
City | State | Zip | Office Number

### *Practice Type*

**Private**
- ☐ Solo
- ☐ Small Group (4-7)
- ☐ Large Group (8+)
- ☐ Multispecialty

**Employed**
- ☐ Academic/Military
- ☐ Hospital/Health System

### *Scope of Practice (check all that apply)*

- ☐ Allergy
- ☐ Facial Pastics
- ☐ General ENT
- ☐ Geriatrics
- ☐ Heat/Neck
- ☐ Otology/Neurotology
- ☐ Pediatrics
- ☐ Rhinology
- ☐ Sleep
- ☐ Other:

## Training Information

School | Degree | Year Completed
Additional Training | Degree | Year Completed

## Membership Type

*Choose your type of membership

☐ **Advanced Practice Provider**
- ☐ Nurse Practitioner
- ☐ Physician Assistant

☐ **Allied Health**
- ☐ Licensed Practical Nurse
- ☐ Nurse Registered
- ☐ Medical Assistant
- ☐ Other: _____

## Terms & Conditions

*By signing below, 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 or incomplete, I may be subject to discipline by the AAOA, which may include expulsion from the organization. Additionally, I grant AAOA permission to contact me regarding association and member-relevant information and to use any images from organizational events.*

*Applications Fees are non-transferrable and non-refundable.*

Applicant Signature | Date
Physician Signature | Date