

AAOA Membership Application

Physician - Associate



Step 1: Complete this Membership Application

Step 2: Submit Associate Member Application Fee: \$549

Step 3: Log in to create AAOA Profile

Step 4: Member candidate eligible for all applicable benefits once approved

Once steps 1-3 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	<input type="text"/>	Last Name	<input type="text"/>
Degree	<input type="text"/>	Birth of Date	<input type="text"/>
Email	<input type="text"/>	Cell Number	<input type="text"/>
Gender	<input type="text"/>	Years in Practice	<input type="text"/>

Practice/Institution Information

Practice/Institution Name	<input type="text"/>				
Address	<input type="text"/>			Suite	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
<i>Preferred Address for AAOA Communications, if not practice/institution</i>					
Address	<input type="text"/>				
Suite	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>

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)

- | | | | | |
|---|--------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> General ENT | <input type="checkbox"/> Head/Neck | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Facial Pastics | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Otolaryngology/Neurotology | <input type="checkbox"/> Rhinology | <input type="checkbox"/> Other: <input type="text"/> |

Training & Board Certification Information

Medical School	<input type="text"/>	Year Completed	<input type="text"/>
OTO Residency	<input type="text"/>	Year Completed	<input type="text"/>
Fellowship (specify)	<input type="text"/>	Year Completed	<input type="text"/>
ABOTOHNS/AOA	<input type="text"/>	Year Certified	<input type="text"/>

Membership Type

*Choose your type of membership

☐ Associate

☐ Academic Associate

☐ Military Associate

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	<input type="text"/>	Date	<input type="text"/>
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