

AAOA Membership Application

Physician - Resident



Step 1: Complete this Membership Application

Step 2: Log in to create AAOA Profile

Step 3: Member candidate eligible for all applicable benefits once approved

Step 4: Resident Membership good for length of residency or Resident membership good until completion of residency

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.

Personal Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Degree	<input type="text"/>	Birth of Date	<input type="text"/>
Personal Email	<input type="text"/>	Residency Email	<input type="text"/>
Cell Number	<input type="text"/>	Gender	<input type="text"/>

Residency Program Information

Program Name	<input type="text"/>		
Address	<input type="text"/>	Suite	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>	Office Number	<input type="text"/>
Program Director	<input type="text"/>	Email	<input type="text"/>
Program Chair	<input type="text"/>	Email	<input type="text"/>
Program Coordinator	<input type="text"/>	Email	<input type="text"/>
PGY	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5
	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> Fellowship

Training & Board Certification Information

Medical School	<input type="text"/>	Year Completed	<input type="text"/>
Residency Training	<input type="text"/>	Year Completed/Projected	<input type="text"/>
Fellowship Training	<input type="text"/>	Year Completed/Projected	<input type="text"/>
Type of Fellowship	<input type="text"/>		
Oral Exam	<input type="text"/>	Year Projected	<input type="text"/>
Written Exam	<input type="text"/>	Year Projected	<input type="text"/>

What are your career goals post residency?

<input type="checkbox"/> Solo	Private	<input type="checkbox"/> Large Group (8+)	Employed	<input type="checkbox"/> Hospital/Health System
<input type="checkbox"/> Small Group (4-7)		<input type="checkbox"/> Multispecialty		

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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