

PERSONAL DATA

Please type or print clearly all information exactly as you wish it to appear in your Academy records.

Last Name/Surname/Family Name First/Given Name Middle Initial

PROFESSIONAL MAILING ADDRESS (Listed in the Online Membership Directory, if no professional address is provided, only your name will be listed in the directory) **Is this your Preferred Billing Address?** Yes No

Institution/Company Name Department

Street Address Suite/Room/Apartment

City State/Province Country ZIP/Postal Code

Phone (with Area or Country Code) Fax (with Area or Country Code)

Email Address Web Address

PREFERRED MAILING ADDRESS **Is this your Preferred Billing Address?** Yes No

Street Address Suite/Room/Apartment

City State/Province Country ZIP/Postal Code

Home Phone (with Area or Country Code) Mobile (with Area or Country Code)

Email Address (Required to receive member benefits)

MEDICAL TRAINING

Please complete all information about your medical training, licensing, and board certification. This allows us to tailor communications specifically to your interests.

Medical School (Required)

Name of School or Program

City and State/Province Completion Year Degree(s) (e.g., MD, DO, MBBS, FRCS)

Residency Training (Required)

Name of School or Program

City and State/Province Completion Year

Fellowship Training (if Applicable)

Name of School or Program

Type of Fellowship (e.g., Laser Application, Rhinology, Clinical Research)

City and State/Province Completion Year

Postgraduate Degrees Other than Formal Medical Degree (if Applicable)

Name of School or Program

Type of Study Degree(s) (e.g., MD, MBBS, FRCS)

Birth Year:

Ethnicity

African American American Indian

Asian Caucasian

Hispanic Other_____

Gender:

Male Female

WHAT IS YOUR PRIMARY SUBSPECIALTY?

(SELECT ALL THAT APPLY):

- Allergy
- Endocrine Surgery
- Facial Plastic & Reconstructive Surgery
- General Otolaryngology
- Head and Neck Surgery
- Laryngology
- Neurotology
- Otology/Audiology
- Pediatric Otolaryngology
- Rhinology
- Sleep Medicine

WHAT IS YOUR PRIMARY PRACTICE TYPE?

(SELECT ONLY ONE):

- Clinical Non-Physician
- Group Multi-Specialty - Primary Care & Specialty Care
- Group Multi-Specialty - Specialty Care Only
- Group Single Specialty - Other
- Group Single Specialty - Otolaryngology
- Non-Clinical Organization
- Not in Active Practice
- Research
- Solo Private Practice

SECONDARY PRACTICE TYPE

From the List Above, Please Select Only One:

WOULD YOU CONSIDER YOUR SETTING (SELECT ONLY ONE):

- Academic Practice
- Ambulatory Surgery Center
- Government (VA)
- Hospital or Health System (Employed)
- Off Campus Hospital Department (Offsite, Owned by Hospital)
- Private Practice
- Staff Model HMO

LICENSING AND CERTIFICATION

Licensed to Practice in: United States Canada
International

List State(s)/Countries:

Membership category	Membership criteria	U.S.	Canada	International	Application requirements				
					endorsements (see form)	Copy of current medical license	Copy of board certification	Verification letters	Bio/CV
Fellow	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada. Certified by a specialty board acceptable to the Board of Directors.	■	■		✓	✓	✓		
Fellow/ Military/Gov employee	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. Employed by the U.S. armed forces or U.S. government agency. Certified by a specialty board acceptable to the Board of Directors.	■			✓	✓	✓	✓	
Member	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada. Has completed three years of training in otolaryngology—head and neck surgery acceptable to the Board of Directors and is not board-certified.	■	■		✓	✓			
Scientific Fellow	PhD or equivalent degree in associated field including but not limited to audiology, speech-language pathology, and neuroscience. Full or conjoint appointment on an otolaryngology—head and neck surgery faculty and participates in a residency training program. This is a non-voting membership category.	■	■		✓			✓	✓
Resident	Degree of MD or DO, or equivalent medical degree. Engaged in a full-time otolaryngology—head and neck surgery or other training program in the U.S. or Canada. Residency status cannot exceed six years. This is a non-voting membership category.	■	■		✓	✓		✓	
Fellow In-Training	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada. Engaged in a fellowship or postgraduate training program. Certified by a specialty board accepted to the Board of Directors. In-Training status cannot exceed two years.	■	■	■	✓	✓	✓	✓	
Member In-Training	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada, but not board-certified. Engaged in a fellowship or postgraduate training program. In-Training status cannot exceed two years.	■	■	■	✓	✓		✓	
Affiliate - Medical Student	Medical Student membership is for full-time students enrolled in an accredited medical school program, and not eligible for any other type of membership in the Academy. This is a non-voting membership category.	■	■		✓			✓	✓
Affiliate - Others	Not eligible for any other type of membership in the Academy, but supportive of otolaryngology—head and neck surgery. This is a non-voting membership category.	■	■	■	✓				✓
Associate	Degree of MD, DMD, or DDS and engaged in a field which is, in the view of the Board of Directors, allied to otolaryngology—head and neck surgery, and is not eligible for any other type of membership in the Academy. This is a non-voting membership category.	■	■		✓	✓			✓
International Fellow	Degree of MD or DO or equivalent practicing in a country other than the U.S. or Canada with a valid and unrestricted license in his or her respective country. Certified by a medical specialty board acceptable to the Board of Directors. This is a non-voting membership category.			■	✓	✓	✓		
International Member	Degree of MD or DO or equivalent and practicing in a country other than the U.S. or Canada with a valid and unrestricted license in his or her country. Completed three years of formal training in otolaryngology—head and neck surgery deemed acceptable to the Board of Directors. This is a non-voting membership category.			■	✓	✓			
International Resident	Degree of MD or DO, or equivalent and is engaged in a full-time otolaryngology—head and neck surgery training program acceptable to the Board of Directors and located outside the U.S. or Canada. Residency membership cannot exceed six years. This is a non-voting membership category.			■	✓	✓		✓	
International Associate	Degree of MD, DMD, or DDS and is engaged in a field which is, in the view of the Board of Directors, allied to otolaryngology—head and neck surgery, and is not eligible for any other type of membership. This is a non-voting membership category.			■	✓	✓			✓

MEMBERSHIP DUES:

Please check your dues amount. (Refer to member categories in the Membership Application Guidelines on pg. 3.)

Category	U.S.	Canada	International
Fellow	\$945	\$625	\$625
Fellow Military/ Government Employee	\$840	N/A	N/A
Member	\$945	\$625	\$625
Scientific Fellow	\$625	\$625	\$625
Resident	\$105	\$105	\$105
Fellow In-Training	\$105	\$105	\$105
Member In-Training	\$105	\$105	\$105
Affiliate	\$265	\$265	\$265
Associate	\$945	\$625	\$625
Medical Student	\$105	\$105	\$105

(Current membership fees as of Oct. 2018. *Subject to change)

Amount Paid:

OFFICE MANAGER: If someone other than the applicant will handle billing, please indicate so here.

Full Name

Email Address

We cannot process your application until funds are received. Please check your method of payment:

Check Money Order Cashier's Check VISA MasterCard AMEX Wire Transfer

Credit Card Number

Signature

Expiration Date (MM/YY)

Security Code

Name on Credit Card

Credit Cardholder's Billing Address

City

State

ZIP

Country

AAO-HNS ETHICS STATEMENT

I certify that the above information is true and correct. I understand that any material false statement or misrepresentation (including omission of fact) on this application or on any document used to secure membership can be grounds for rejection of my application or, if I am granted membership, grounds for termination of my membership in the American Academy of Otolaryngology-Head and Neck Surgery. I understand if accepted, I agree to abide by the AAO-HNS bylaws, member-related policies, and the Code of Ethics and related appendices. I understand that by providing my mailing address, telephone number, fax and e-mail address, I consent to receive communications sent by or on behalf of the American Academy of Otolaryngology-Head and Neck Surgery via regular mail, e-mail, telephone, or fax.

Signature of Applicant **(REQUIRED)**

Date

THANK YOU FOR YOUR SUPPORT OF THE AAO-HNS

PAYMENT INFORMATION:

Make check, money order, cashier's check, or draft payable on a U.S. bank, in U.S. dollars, to the American Academy of Otolaryngology—Head and Neck Surgery. Payment must be enclosed with your application.

WIRE TRANSFERS ONLY:

To wire transfer funds to the AAO-HNS, send to:
Bank of America,
730 15th St NW, 2nd Floor,
Washington, DC 20005-1012;
Account # 435003059788,
ABA # 026009593,
Swift # BOFAUS3N

(please include your full name on transfer and bank charges).

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

American Academy of Otolaryngology-Head and Neck Surgery
ATTN: Member Services
1650 Diagonal Road
Alexandria, VA 22314-2857, U.S.A.
Fax: 1-703-684-4288
Email: memberservices@entnet.org