

STATEMENT OF ENDORSEMENT

Applicants must obtain **two (2)** endorsement signature from an active AAO-HNS member or an officer of their national society. **(Can be provided at a later date.)**
Practice Administrators do not have to obtain endorsements, but do have to provide the names of current AAO-HNSF member physicians in their practice.

APPLICANT NAME

Please Print Your Full Name

By signing the endorsement for this applicant for membership in the American Academy of Otolaryngology—Head and Neck Surgery, I certify that I have personal knowledge of the applicant and I am familiar with the applicant's professional competence and conduct.

ENDORSER 1:

Print Full Name

AAO-HNS ID#

Signature

Name of National Society

ENDORSER 2:

Print Full Name

AAO-HNS ID#

Signature

Name of National Society

MEMBERSHIP CATEGORIES

RESIDENT/MEMBER-IN-TRAINING/FELLOW-IN-TRAINING/MEDICAL STUDENT

MD or DO or equivalent medical degree and/or a valid and unrestricted license to practice medicine, or a full time medical student. Residents must be enrolled in a full-time training program. Members-in-Training must be enrolled in a fellowship or postgraduate training program and cannot be board-certified. Fellows-in-Training must be enrolled in a fellowship or postgraduate training program and certified by a specialty board. Students must be enrolled in a full-time medical school program or an undergraduate pre-med program.

INTERNATIONAL PHYSICIAN AND FELLOW

MD or DO or equivalent with a valid and unrestricted license to practice medicine in a country other than the U.S. or Canada. Fellows are certified by a medical specialty board.

-Special pricing for members residing in World Bank-designated lower middle income and low income countries.

AFFILIATE

An individual supportive of otolaryngology—head and neck surgery, but not eligible for any other type of membership category.

PHYSICIAN AND FELLOW

MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada. Fellows are certified by a specialty board. Scientific Fellows have a PhD or equivalent in a field associated with otolaryngology.

ASSOCIATE

MD, DMD, or DDS and engaged in or allied to otolaryngology—head and neck surgery. Associates are not eligible for any other type of membership category.

PRACTICE ADMINISTRATOR

An individual currently working as an administrator for an otolaryngology practice

PHYSICIAN AND FELLOW	INTERNATIONAL PHYSICIAN AND FELLOW	PRACTICE ADMINISTRATORS*	AFFILIATE	RESIDENT MEMBER-IN-TRAINING AND FELLOW-IN-TRAINING	INTERNATIONAL RESIDENT MEMBER-IN-TRAINING AND FELLOW-IN-TRAINING	STUDENT (MEDICAL OR UNDERGRADUATE)
\$1,090 Physician/Fellow \$840 Military/Government \$120 ... Retired Physician/Fellow \$675 Scientific (MD, PhD) \$360 First Year Practicing \$725 Second Year Practicing	\$625 Physician/Fellow \$208* First Year Practicing \$416* Second Year Practicing \$312 Lower Middle Income \$156 Low Income	\$135 (ASCENT Members) \$185 ... (Non-ASCENT Members)	\$305	\$120 Non-military Resident \$105 Military Resident	\$105 International \$52 ... Lower Middle Income \$26 Low Income	\$30 Domestic \$25 International

* International pricing based on World Bank country classification.
 Duplicate payments will be credited to the next dues cycle unless a refund is requested.

AMOUNT DUE:

Check VISA MasterCard American Express Wire Transfer

Credit Card Number

Signature

Expiration Date (MM/YY)

Security Code

Name on Credit Card

AAO-HNS ETHICS AND PRIVACY 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 the AAO-HNS may periodically share my mailing address with third parties for single-use mailings for products and services that I may be interested in. AAO-HNS will NOT provide Email addresses, telephone numbers or any other types of personally identifiable information to third parties.

Signature of Applicant **(REQUIRED)**

Date

RETURN APPLICATION WITH PAYMENT TO:

**American Academy of Otolaryngology
 –Head and Neck Surgery**

ATTN: Member Services

1650 Diagonal Road
 Alexandria, VA 22314-2857, U.S.A.

Make checks payable to AAO-HNS

Email: memberservices@entnet.org

WIRE TRANSFERS ONLY:

To wire transfer funds to the AAO-HNS, send to:

Truist Bank
 1445 New York Ave, NW
 Washington, DC 20005
Account Number: 1000208996974
ABA Routing Number: 061000104
SWIFT/BIC CODE: BRBTUS33
 (International Wire Only)

Please include your full name on all correspondence.