

You're  
invited to  
join us ::



## STEP 1

To ensure timely processing of your application, please complete all sections and submit required documentation (pg. 2).

## STEP 2

See the Membership Application Guidelines on the next page to select the type of membership for which you qualify: Fellow, Member, Scientific Fellow, Associate, Affiliate, Resident, or Retired. Please note: To apply for the Resident or In-Training category, you must submit verification of training with your application. Either attach an official letter of acceptance to the program, or have your program director/chair complete the Training Verification section of the application. To apply for Retired category, you must submit a copy of your medical malpractice tail insurance coverage or other proof of retirement as provided to your local medical licensing board with your application.

## STEP 3

Submit an endorsement from an active Fellow, Member, Scientific Fellow, Life Member, or society officer. If you are in a training or residency program, your program director/chair may endorse your membership application.

## STEP 4

Mail, fax, or email your completed application to the AAO-HNS with your membership dues. Dues cover your membership from the time we receive and process your application through December 31. Applications processed after August 31 receive immediate electronic member benefits (e.g., access to the online journal and *Bulletin*, the weekly e-newsletter, *The News*, etc.) and the Annual Meeting & OTO EXPO discounts. Full member benefits begin January 1.

## STEP 5

After we verify and confirm your application and payment, we will notify you of your candidacy. About one week later, we will email you a welcome letter to confirm your status as a member candidate. You may then start to order educational materials at the special member rate. Other member benefits such as your subscriptions to our scientific journal and the *Bulletin* will start within four weeks. If you join after August 31, your print subscriptions will begin January 1. The Board of Directors votes on membership three times per year. Upon Board approval, we will order and mail your membership certificate. Resident and In-Training members receive certificates when they complete their training programs.

### PLEASE RETURN YOUR COMPLETED APPLICATION TO:



American Academy of Otolaryngology—  
Head and Neck Surgery  
ATTN: Member Service Center  
1650 Diagonal Road  
Alexandria, VA 22314-2857, U.S.A.  
Fax: 1-703-684-4288  
Email: [memberservices@entnet.org](mailto:memberservices@entnet.org)

### PLEASE DIRECT INQUIRES TO:



American Academy of Otolaryngology—  
Head and Neck Surgery  
Member Service Center  
Email: [memberservices@entnet.org](mailto:memberservices@entnet.org)  
Telephone Toll Free: 1-877-722-6467 (U.S. and  
Canada) or 1-703-836-4444 (International)  
Fax: 1-703-684-4288

Membership category	Membership criteria	U.S.	Canada	International	Application requirements				
					Two endorsements (see form)	Copy of current medical license	Copy of board certification	Verification letters	Bio/CV
<b>Fellow</b>	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.	■	■		✓	✓	✓		
<b>Fellow/ Military/ Government employee</b>	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.	■			✓	✓	✓	✓	
<b>Member</b>	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.	■	■		✓	✓			
<b>Scientific Fellow</b>	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.	■	■		✓				✓
<b>Resident</b>	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.	■	■		✓	✓		✓	
<b>Fellow In-Training</b>	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.	■	■	■	✓	✓	✓	✓	
<b>Member In-Training</b>	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.	■	■	■	✓	✓		✓	
<b>Affiliate</b>	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.	■	■	■	✓				✓
<b>Associate</b>	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.	■	■		✓	✓			✓
<b>International Fellow</b>	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.			■	✓	✓	✓		
<b>International Member</b>	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.			■	✓	✓			
<b>International Scientific Fellow</b>	Degree of PhD or equivalent in a field associated with otolaryngology—head and neck surgery including but not limited to audiology, speech-language pathology, and neuroscience. Full or conjoint appointment on an otolaryngology—head and neck surgery faculty outside of the U.S. or Canada. This is a non-voting membership category.			■	✓			✓	✓
<b>International Resident</b>	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.			■	✓	✓		✓	
<b>International Associate</b>	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.			■	✓	✓			✓
<b>Retired</b>	Retired membership is open to those who are age 65 or greater and are retired from active practice by working twenty (20) hours or less per week. A member must send written notice to the AAO-HNS Board of Directors and supply a copy of their medical malpractice tail insurance coverage or other proof of retirement as provided to their local medical licensing board for this class of membership to be activated.	■	■	■				✓	

## 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

Gender:  male  female

Birth year:

Ethnicity

African American  American Indian  Asian

Caucasian  Hispanic  Other \_\_\_\_\_

### BUSINESS MAILING ADDRESS

THIS IS MY PREFERRED:  MAILING ADDRESS

BILLING ADDRESS

Institution/company name

Department

Street address (line 1)

Suite/room/apartment

Street address (line 2)

City

State/province

Country

ZIP/postal code



Phone (with area or country code)

Fax (with area or country code)



Email address

Web address

ALTERNATE CONTACT INFORMATION  OFFICE ADDRESS  HOME ADDRESS

THIS IS MY PREFERRED:  MAILING ADDRESS

BILLING ADDRESS

Institution/company name

Department

Street address (line 1)

Suite/room/apartment

Street address (line 2)

City

State/province

Country

ZIP/postal code



Phone (with area or country code)

Fax (with area or country code)



Email address

Web address

Office administrator:  Yes

No

Full name

Email address

## MEDICAL TRAINING

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

### **Name of medical school (required)**

City and state/province

Beginning year

Completion year

Degree(s) (e.g., MD, DO, MBBS, FRCS)

### **Residency training (required)**

Name of school or program

City and state/province

Beginning year

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

Beginning year

Completion year

### **Postgraduate degrees other than formal medical degree (if applicable)**

Name of school or program

Type of study

Degree(s)

Completion year(s)

## LICENSING AND CERTIFICATION

Licensed to practice in:  United States  Canada  International

List state(s)/countries:

## CHOOSE FROM THE FOLLOWING:

Certification Board(s)	Year certified
<input type="radio"/> ABAI American Board of Allergy & Immunology	_____
<input type="radio"/> ABEM American Board of Emergency Medicine	_____
<input type="radio"/> ABFP American Board of Family Practice	_____
<input type="radio"/> ABFPRS American Board of Facial Plastic & Reconstructive Surgery	_____
<input type="radio"/> ABIM American Board of Internal Medicine	_____
<input type="radio"/> ABOP American Board of Ophthalmology	_____
<input type="radio"/> ABOto American Board of Otolaryngology	_____
<input type="radio"/> ABNS American Board of Neurological Surgery	_____
<input type="radio"/> ABPM American Board of Preventive Medicine	_____
<input type="radio"/> ABPS American Board of Plastic Surgery	_____
<input type="radio"/> ABR American Board of Radiology	_____
<input type="radio"/> ABS American Board of Surgery	_____
<input type="radio"/> AMPAT American Board of Pathology	_____
<input type="radio"/> AMPED American Board of Pediatrics	_____
<input type="radio"/> AOBOO American Osteopathic Board—Otolaryngology & Ophthalmology	_____

International Boards	
<input type="radio"/> RCSC Royal College of Physicians and Surgeons, Canada	_____
<input type="radio"/> RCSEd Royal College of Surgeons, Edinburgh	_____
<input type="radio"/> RCSAA Royal College of Surgeons, Australasian	_____
<input type="radio"/> RCSUK Royal College of Surgeons, England	_____
<input type="radio"/> RCSI Royal College of Surgeons, Ireland	_____
<input type="radio"/> RCSG Royal College of Surgeons, Glasgow	_____

NAME OF ANY OTHER CERTIFYING BOARD (ATTACH COPY OF CERTIFICATE):

Society Memberships	
<input type="radio"/> AAA American Academy of Audiology	
<input type="radio"/> AAFPRS American Academy of Facial Plastic and Reconstructive Surgery	
<input type="radio"/> AAOA American Academy of Otolaryngic Allergy	
<input type="radio"/> AAP American Academy of Pediatrics	
<input type="radio"/> ABEA American Broncho-Esophagological Association	
<input type="radio"/> AHNS American Head and Neck Society	
<input type="radio"/> ALA American Laryngological Association	
<input type="radio"/> TRIO American Laryngological, Rhinological, and Otological Society, Inc.	
<input type="radio"/> ANS American Neurotology Society	
<input type="radio"/> AOA Association of Otolaryngology Administrators	
<input type="radio"/> AOS American Otological Society	
<input type="radio"/> ARO Association for Research in Otolaryngology	
<input type="radio"/> ARS American Rhinologic Society	
<input type="radio"/> ASHA American Speech-Language-Hearing Association	
<input type="radio"/> ASPO American Society of Pediatric Otolaryngology	
<input type="radio"/> AADO Association of Academic Departments of Otolaryngology	
<input type="radio"/> COS Canadian Otolaryngology Society	
<input type="radio"/> NASBS North American Skull Base Society	
<input type="radio"/> OCOO Osteopathic College of Ophthalmologic Otolaryngology	
<input type="radio"/> SOHN Society of Otorhinolaryngology and Head-Neck Nurses	
<input type="radio"/> SUO Society of University Otolaryngologists—Head and Neck Surgeons	

WOULD YOU CONSIDER YOUR SETTING (SELECT ONLY ONE):  
 Academic    Private practice    Group practice    Resident/In-Training

WHAT IS YOUR PRIMARY PRACTICE TYPE? (SELECT ONLY ONE):  
 Solo  
 Group single specialty  
 Group multi-specialty  
 Research  
 Clinical non-physician  
 Local/State/Federal Government/Military  
 Staff Model/HMO  
 Hospital/Facility non-government  
 Non-clinical organization  
 Not in active practice

FROM THE LIST ABOVE, PLEASE SELECT:  
     
 Secondary practice type   Tertiary practice type

WHAT IS YOUR PRIMARY SUBSPECIALTY? (SELECT ALL THAT APPLY):

- ADM Administrative
- AU Audiology
- BE Broncho-Esophagology
- ENDO Endocrine Surgery
- FPS Facial Plastic & Reconstructive Surgery
- GEN General Otolaryngology
- HNS Head and Neck Surgery
- LRY Laryngology
- MXF Maxillofacial Surgery
- NRO Neurotology
- OAL Otolaryngologic Allergy
- OP Otolaryngic Pathology
- OTO Otolaryngology
- PDO Pediatric Otolaryngology
- RH Rhinology
- SBS Skull Base Surgery
- SM Sleep Medicine

AMA MEMBER:  YES    NO  
 AMA Medical Education Number: \_\_\_\_\_

ACS MEMBER:  YES    NO  
 Year Elected: \_\_\_\_\_

## STATEMENT OF ENDORSEMENT

Applicants must obtain **two (2)** endorsement signatures from active AAO-HNS members or officers.

### 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:**       FELLOW                       MEMBER                       SCIENTIFIC FELLOW  
                          LIFE MEMBER                       SOCIETY OFFICER

*Print full name*

*AAO-HNS ID number*

*Signature*

*Date*

**ENDORSER #2:**       FELLOW                       MEMBER                       SCIENTIFIC FELLOW  
                          LIFE MEMBER                       SOCIETY OFFICER

*Print full name*

*AAO-HNS ID number*

*Signature*

*Date*

## ENDORSEMENT FOR INTERNATIONAL CANDIDATES

If international applicants cannot obtain two (2) member endorsements, they must obtain an endorsement signature from an officer of their national society. Questions regarding this matter can be directed to [international@entnet.org](mailto:international@entnet.org).

*Print full name and title*

*Signature*

## TRAINING VERIFICATION

Applicants applying for Member In-Training, Fellow In-Training, or Resident status must complete this section.

If you are currently in a formal otolaryngology training/residency program, the program chair or director is required to complete this section, or you may attach a copy of your letter of acceptance, including beginning and end dates of training.

I, (Name of Program Chair/Director) \_\_\_\_\_ certify that I am the chair/director of the training/residency program shown below and that the applicant is currently enrolled in this formal, approved otolaryngology training/residency program.

This is a (please check one):  Residency program  Fellowship training program

Type of study (e.g., laser application, rhinology, clinical research)

Name of school or program

Beginning year

Expected completion year

AAO-HNS ID#

Signature of Program Chair/Director

Date



## OUR MISSION

We help our members achieve excellence and provide the best ear, nose, and throat care through professional and public education, research, and health policy advocacy

## OUR VISION

Empowering otolaryngologist—head and neck surgeons to deliver the best patient care

## YOUR INVITATION

Make a difference in the specialty by joining nearly 12,000 other otolaryngologist—head and neck surgeons from around the globe today

**MEMBERSHIP DUES:**

Please check your dues amount. (Refer to member categories in the Membership Application Guidelines on pg. 2.)

Category	U.S.	Canada	International
Fellow	<input type="radio"/> \$840	<input type="radio"/> \$550	<input type="radio"/> \$550
Fellow Military/Government employee	<input type="radio"/> \$740	<input type="radio"/> N/A	<input type="radio"/> N/A
Member	<input type="radio"/> \$840	<input type="radio"/> \$550	<input type="radio"/> \$550
Scientific Fellow	<input type="radio"/> \$550	<input type="radio"/> \$550	<input type="radio"/> \$550
Resident	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100
Fellow In-Training	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100
Member In-Training	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100
Affiliate	<input type="radio"/> \$230	<input type="radio"/> \$230	<input type="radio"/> \$230
Associate	<input type="radio"/> \$840	<input type="radio"/> \$550	<input type="radio"/> \$550
Retired	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100

(Current membership fees as of 10/2011)

Your "gift beyond dues" enhances programs such as research, education, and humanitarian aid. Please consider a tax-deductible gift of:

- \$300     
  \$500     
  \$1,000     
  \$2,500  
 \$5,000     
  \$10,000     
  Other: \_\_\_\_\_

**Dues subtotal:**

**Gift subtotal:**

Please designate where to allocate your gift:

- Where needed most     
  Research     
  Education  
 Humanitarian Aid     
  History and Archives

**Total amount paid:**

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.

To wire transfer funds to the AAO-HNS, send to: Bank of America, 730 15th St NW, 2nd Floor, Washington, DC 20005-1012; Bank of America, ABA # 026009593, Swift # BOFAUS3N (**please include your full name on transfer and bank charges**).

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)

Name on credit card

Credit cardholder's billing address

City

State

ZIP

Country

**THANK YOU FOR YOUR SUPPORT OF THE AAO-HNS**