

# AAOA Membership Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree \_\_\_\_\_ / /  
 \_\_\_\_\_  
 E-mail Address Required (Please provide a unique, preferably personal email address) \_\_\_\_\_ Personal Phone \_\_\_\_\_  
 Office Practice Name \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Office Address \_\_\_\_\_ City | State | Zip \_\_\_\_\_  
 Optional: Ethnicity/Race: \_\_\_\_\_ Gender: M / F / Other \_\_\_\_\_

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, incorrect or incomplete, I may be subject to discipline by the AAOA, which discipline may include being expelled from the organization. I additionally grant permission for the AAOA to contact me regarding association and member-relevant information.

Signature \_\_\_\_\_ Application Date \_\_\_\_\_

## I Wish to Enroll As:

<input type="checkbox"/> <b>ASSOCIATE</b> <ul style="list-style-type: none"> <li>\$435 application fee</li> <li>Proof of successful completion of residency</li> <li>Copy of ABOto Board certificate/ proof of eligibility</li> </ul>	<input type="checkbox"/> <b>ACADEMIC ASSOCIATE</b> <i>(full-time faculty)</i> <ul style="list-style-type: none"> <li>\$435 application fee</li> <li>Letter from Department Chair confirming full-time faculty status on letterhead</li> <li>Proof of successful completion of residency</li> <li>Copy of ABOto Board certificate/proof of eligibility</li> </ul>	<input type="checkbox"/> <b>INTERNATIONAL MEMBER</b> <ul style="list-style-type: none"> <li>\$435 application fee (payable in US dollars)</li> <li>Proof of recognition as a practicing otolaryngologist within current country</li> <li>Proof of maintaining an active otolaryngology practice</li> </ul>
<input type="checkbox"/> <b>ADVANCED PRACTITIONER (NP/PA)</b> <ul style="list-style-type: none"> <li>\$205 application fee</li> <li>Letter of recommendation from the AAOA member physician for whom the applicant works</li> </ul>	<input type="checkbox"/> <b>MILITARY ASSOCIATE</b> <ul style="list-style-type: none"> <li>\$435 application fee</li> <li>Letter from the Superior Officer confirming full-time military status on letterhead</li> <li>Proof of successful completion of residency</li> <li>Copy of ABOto Board certificate/proof of eligibility</li> </ul>	<input type="checkbox"/> <b>RESIDENT</b> <ul style="list-style-type: none"> <li>\$45 one-time Resident Dues</li> <li>Letter of recommendation from Department Chair on letterhead</li> <li>Estimated completion date</li> <li>Resident membership is free with active membership of Program Chair or Training Program Director</li> </ul>
<input type="checkbox"/> <b>ALLIED HEALTH</b> <ul style="list-style-type: none"> <li>\$205 application fee</li> <li>Letter of recommendation from the AAOA member physician for whom the Allied Health applicant works</li> </ul>		

Medical School \_\_\_\_\_ Year Completed \_\_\_\_\_  
 OTO Residency \_\_\_\_\_ Year Completed/Projected \_\_\_\_\_  
 Other Residency \_\_\_\_\_ Year Completed \_\_\_\_\_  
 Board Certification \_\_\_\_\_ Year Completed \_\_\_\_\_  
 Practice Type:  Private  Employed  Academic  
 Practice Size: # of Physicians \_\_\_\_\_ # of Staff \_\_\_\_\_  
 Medical Societies \_\_\_\_\_

### SCOPE OF PRACTICE (check major practice areas)

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Allergy         | <input type="checkbox"/> Head & Neck             | <input type="checkbox"/> Rhinology |
| <input type="checkbox"/> Facial Plastics | <input type="checkbox"/> Laryngology             | <input type="checkbox"/> Sleep     |
| <input type="checkbox"/> General ENT     | <input type="checkbox"/> Otology/<br>Neurotology | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Geriatrics      | <input type="checkbox"/> Pediatrics              |                                    |

Please mail completed application and your check payable to:

**AAOA Inc.**  
**Attn: Membership**  
**11130 Sunrise Valley Drive | Suite 100**  
**Reston, Virginia 20191**

Completed applications can also be scanned and emailed to: [membership@aaaallergy.org](mailto:membership@aaaallergy.org) or faxed to: 202.955.5016. Call the AAOA office at: 202.955.5010 on the next business day to pay by credit card. Contact [membership@aaaallergy.org](mailto:membership@aaaallergy.org) with any questions.

