AAOA Membership Application

First Name | Last Name | Degree | DOB (/ /)

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. Qualifying candidates will be considered annually.

Signature | Application Date

I Wish to Apply As:

☐ **ASSOCIATE**
- *$549 application fee*
- *Proof of successful completion of residency*
- *Copy of ABOto Board certificate/proof of eligibility*

☐ **ADVANCED PRACTITIONER (NP/PA)**
- *$259 application fee*
- *Letter of recommendation from the AAOA member physician for whom the applicant works*

☐ **ALLIED HEALTH**
- *$259 application fee*
- *Letter of recommendation from the AAOA member physician for whom the Allied Health applicant works*

☐ **ACADEMIC ASSOCIATE**
(full-time faculty)
- *$549 application fee*
- *Letter from Department Chair confirming full-time faculty status on letterhead*
- *Proof of successful completion of residency*
- *Copy of ABOto Board certificate/proof of eligibility*

☐ **MILITARY ASSOCIATE**
- *$549 application fee*
- *Letter from the Superior Officer confirming full-time military status on letterhead*
- *Proof of successful completion of residency*
- *Copy of ABOto Board certificate/proof of eligibility*

☐ **INTERNATIONAL MEMBER**
- *$549 application fee (payable in US dollars)*
- *Proof of recognition as a practicing otolaryngologist within current country*
- *Proof of maintaining an active otolaryngology practice*

☐ **RESIDENT**
- *Please complete the Resident Application form.*
- *Individual membership is $45 or FREE as program sponsored with active membership of Program Chair, Training Program Director or AAOA Member on your Faculty.*

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)*

☐ **Allergy**
☐ **Facial Plastics**
☐ **General ENT**
☐ **Geriatrics**
☐ **Head & Neck**
☐ **Laryngology**
☐ **Otology/ Neurotology**
☐ **Pediatrics**
☐ **Rhinology**
☐ **Sleep**
☐ **Other**

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@aaoallergy.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@aaoallergy.org with any questions.

AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY