Pathway 1: Individual Resident

Flat fee of $45 for the duration of training

To be considered for AAOA Resident membership, complete the form below, include a letter of recommendation from your Chair or Program Director, and remit payment to the AAOA.

Name:

OTO Residency Program (ACGME name):

PGY: Projected Completion Date:

Email (personal preferred):

Phone (cell):

Medical School: Date Completed:

Pathway 2: Program-Sponsored Resident(s)

Free *if sponsored by Chair, Program Director, or any Faculty who is an active AAOA member*

All current residents may enroll as Resident members free for the duration of training.   AAOA Academic membership is $549/yr. To sponsor residents, please complete the form below and include key information for residents on the reverse side.

OTO Residency Program (ACGME name):

Active AAOA Member Sponsor:

Sponsor email:

Phone:

Program Address:

Key Admin contact: email:

If applying for Academic Membership, complete the following and submit $549 application fee:

ABOTOHNS Certification Date:

OTO Residency: :   Date Completed:

Medical School: Date Completed:

All applications fees must be in USDollars. Application fees are non-refundable, non-transferable.

Please email complete applications to membership@aaoallergy.org and call AAOA at 202-955-5010 to provide payment. If paying by check, please remit applications and check payable to:
AAOA
11130 Sunrise Valley Drive, Suite 100
Reston, VA 20191

Program-Sponsored Residents: (Program ACGME Name) _____

Submit list of current residents you wish to enroll, including PGY status, projected completion dates, and active email address (personal preferred). Program address will be used for mailing.

Name:	Name:
PGY:	PGY:
Year Complete:	Year Complete:
Email:	Email:
Cell:	Cell:

Name:	Name:
PGY:	PGY:
Year Complete:	Year Complete:
Email:	Email:
Cell:	Cell:

Name:	Name:
PGY:	PGY:
Year Complete:	Year Complete:
Email:	Email:
Cell:	Cell:

Name:	Name:
PGY:	PGY:
Year Complete:	Year Complete:
Email:	Email:
Cell:	Cell:

Name:	Name:
PGY:	PGY:
Year Complete:	Year Complete:
Email:	Email:
Cell:	Cell:

Name:	Name:
PGY:	PGY:
Year Complete:	Year Complete:
Email:	Email:
Cell:	Cell: