

The Virginia Society of Otolaryngology - Head and Neck Surgery, Inc.
Application for Membership

Please type or print legibly

Date _____

Name _____ Date of Birth _____

Office Address _____

Office Phone _____ Office Fax _____ E-Mail _____

Home Address _____

Send all correspondence to ___ Home ___ Office

Undergraduate College _____ Degree _____ Year _____

Medical School _____ Year of Graduation _____

Date & Location of: Internship _____
Residency _____
Fellowship _____

Practice Focus _____

Faculty Positions _____

Practice Setting ___ Solo Private Practice; ___ Group Private Practice; ___ Academic;
___ Multi-Specialty Private Practice; ___ Military

Date License Issued _____ Expiration Date _____

Other Professional Medical Society Affiliations _____

Diplomate, American Board of Otolaryngology-HNS ___ Yes ___ No Year of Certification _____

Date Entered Practice _____ Spouses' Name _____

MEMBERSHIP QUALIFICATIONS REQUIRED BY ARTICLES OF INCORPORATION & BYLAWS

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| <p>1. A candidate for Active Membership must be certified and approved by a national examining and certifying specialty Board acceptable to the Society. <u>A copy of Board certification certificate must be sent with the application form.</u></p> <p>2. A candidate for Associate Membership must be eligible for examination and certification by a national specialty Board acceptable to the Society.</p> <p>3. Applicants for membership are encouraged to join their local medical Society and the Medical Society of Virginia.</p> <p>4. The application shall filled out by the candidate and filed with the VSO-HNS Administrator, together with the \$175.00 application fee.</p> <p>5. Resident membership is free of charge.</p> |
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Membership Category Applying For ___ Active ___ Associate (See #1 and #2 above) ___ Resident Member

I certify that I meet the above listed criteria and authorize the VSO-HNS to verify the accuracy of the information provided.

Signature of Applicant _____

Endorsements: (to be provided by two Active members in good standing of this Society)

(1) Signature _____ (2) Signature _____

Print Name _____ Print Name _____

PLEASE RETURN APPLICATION, \$175.00 FEE AND COPY OF BOARD CERTIFICATION, IF APPLICABLE, TO:
VSO-HNS 2201 WEST BROAD STREET, SUITE 205, RICHMOND, VA 23220. TEL: (804) 643-6631 FAX: (804) 788-9987
RESIDENT MEMBERSHIP IS FREE OF CHARGE.

Note: VSO Membership dues can paid online at the VSO website: www.vso-hns.org.