

Houston Society of Otolaryngology – Head and Neck Surgery

John P. McGovern Bldg.
1515 Hermann Drive | Houston, TX 77004
Phone: (713) 524-4267 Fax: (713) 526-1434 Email: admin@houstonoto.org

MEMBERSHIP APPLICATION

Member Type: <input type="radio"/> Active <input type="radio"/> Associate: <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> Other: _____ <input type="radio"/> Junior (Resident/ Fellow*)	
Full Name:	Degree:

OFFICE ADDRESS

Office Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email:		

HOME ADDRESS

Home Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email:		

Preferred Mailing Address: Office Home

MEDICAL EDUCATION & TRAINING

Medical School:	Graduation Date:
Internship:	
Residency:	
Fellowship:	
Board Certification:	Date:
Practice Limited to:	

MEMBERSHIP

Texas Medical Association member: <input type="radio"/> Yes <input type="radio"/> No	Harris County Medical Society member: <input type="radio"/> Yes <input type="radio"/> No
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ENDORSEMENTS (2 Regular Members Required):

Name:	Name:
Signature:	Signature:

SIGNATURES

I hereby apply for membership to the Houston Society of Otolaryngology-Head and Neck Surgery, and if elected, agree to abide by its constitutions and bylaws. I certify that to the best of my knowledge, all of the above information is true and correct.	
Signature of applicant:	Today's Date:

Remit to: Houston Society of Otolaryngology Administration Office
1515 Hermann Drive
Houston, TX 77004
Fax: (713) 526-1434
Email: LaCoya_Boone@hcms.org

Annual Regular Membership Dues: \$195.00
Annual Associate Membership Dues: \$100.00
*Resident/Fellows are guest of the Society.

ID #: _____

Office Use Only: () Active () Emeritus () Associate: _____

Vote: () Accept () Reject

Date: _____