

Application for Membership

I hereby apply for membership in the Massachusetts Society of Otolaryngology-Head and Neck Surgery. I certify that I am a practicing otolaryngologist in the state of Massachusetts with an MD or DO degree.

(Please type or print clearly.)

Name: _____ Date of Birth: _____

Email Address: _____

Business Address: _____

Business Telephone () _____ FAX () _____

Home Address: _____

Home Telephone () _____

Where would you prefer to receive society mail? _____ Home Address _____ Business Address

Medical Degree: _____ Year: _____ School: _____

Otolaryngology Residency Location: _____ Dates: _____

Are you a member of the American Academy of Otolaryngology-Head and Neck Surgery? Yes No

Are you a member of the Massachusetts Medical Society? Yes No

MA License Number: _____ Effective Date: _____

Type of Practice (solo, group, private, salaried): _____

Corporate Name (if applicable): _____

Principle Hospital Affiliations: _____

List the HMOs, PPOs, etc., that you belong to: _____

Is any part of your practice of otolaryngology performed in another state? If so, where? _____

Does a significant number of patients come to you from another state? If so, where? _____

What are the major issue(s) that you would like the Society to address?

Membership fee is \$250 for practicing otolaryngologists. Membership is free if you are retired, semi-retired, or a resident-in-training. Please mail this application to: MSO-HNS, P.O. Box 9127, Waltham, MA 02454-9127.

Signature _____ Date _____