

The Michigan Oto-Laryngological Society

MEMBERSHIP APPLICATION

Date _____

Full Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Medical College _____ Year of Graduation _____

Other Degrees _____

Internships & Specialty Training _____

Practice limited to: EAR-NOSE-THROAT

(Strike out those not included)

Began to pay special attention to these departments of Medicine in _____

Practice limited exclusively to these branches since _____

Society Affiliations _____

Hospital and Teaching Appointments _____

Are you certified by the American Board of Oto-Laryngology? _____ Year _____

Recommended by 1 _____

2 _____

The Michigan Oto-Laryngological Society

Qualifications Required By the Constitution and By-Laws

- (A) A person, to be eligible for Active SENIOR MEMBERSHIP,
- (1) Shall have been a graduate of medicine five years or more.
 - (2) Shall be a member of his local county medical society.
 - (3) Shall be certified by the American Board of Oto-Laryngology or Ophthalmology or shall be a member of the Academy of Ophthalmology and Oto-Laryngology.
- (B) A person, to be eligible for JUNIOR MEMBERSHIP,
- (1) Shall be a graduate of medicine three years or more.
 - (2) Shall have served one year or more in a recognized Eye, Ear, Nose and Throat Hospital or Ear, Nose and Throat Hospital or shall have been associated as assistant to a recognized Aural surgeon for two years.
 - (3) A Junior member shall qualify for Senior membership by the end of third year or he shall be dropped automatically from the Society.

\$200 Annual Dues

Mail to: The Michigan Oto-Laryngological Society
Attn: Karen Carter
3031 W. Grand Blvd, Suite 645
Detroit, MI 48202

Fax to: (313) 874-1366

1st Reading Date _____

2nd Reading Date _____

Approved _____