



APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the Vermont Otolaryngology Society (VOS). I certify that I am a practicing Otolaryngologist in the state of Vermont 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: () _____ Mobile Telephone: () _____

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

Medical School: _____ Year graduated: _____

Otolaryngology Residency: _____ Year completed: _____

Fellowship training (if applicable): _____ Date: _____

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

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

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

Principle Hospital Affiliations: _____

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

Membership fee is \$100 annually for practicing Otolaryngologists. Membership is free if you are retired or a resident-in-training. Honorary members are not required to pay dues. Please mail this application with a check made payable to the Vermont Otolaryngology Society:

Vermont Otolaryngology Society
Attention: Damon Silverman, MD
Division of Otolaryngology

ACC West Pavilion, Level 4
111 Colchester Ave
Burlington, VT 05401

Signature: _____ Date: _____