

# 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

1<sup>st</sup> Reading Date \_\_\_\_\_

2<sup>nd</sup> Reading Date \_\_\_\_\_

Approved \_\_\_\_\_