



# Northwest Academy of Otolaryngology

www.nwao.org

## APPLICATION FOR MEMBERSHIP

### CONTACT INFORMATION:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Practice/Group Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Address for NWAO Correspondence:  Home  Work

EDUCATION: (School Name/Location & Years Attended)

Premedical Education: \_\_\_\_\_

Medical School: \_\_\_\_\_

Residency: \_\_\_\_\_

Fellowship: \_\_\_\_\_

Date of Board Certification: \_\_\_\_\_ Board Eligible:  Yes  No

Professional Society Memberships:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Membership Dues: (Calendar Year)

- \$150.00 – Active Member (Practicing Physician)
- \$75.00 – Affiliate Member (Practicing PA-C or ARNP)

- Enclosed is my check for payment
- Please charge my Visa or MasterCard

Name on card: \_\_\_\_\_

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please return completed application along with payment to:

NWAO  
2033 Sixth Avenue, Suite 1100  
Seattle, WA 98121

Fax: (206) 441-5863  
Email: smc@wsma.org  
Questions? (206) 441-9762