

NORTH CAROLINA SOCIETY OF OTOLARYNGOLOGY AND HEAD & NECK SURGERY

PO Box 27167 · Raleigh, NC 27611 · Phone: (919) 833-3836 · Fax: (919) 833-3836 · ncoto@ncmedsoc.org

APPLICATION FOR MEMBERSHIP

or join online at <http://www.ncoto.org> and click on “Join/Renew Now!”

DATE OF APPLICATION: _____

FULL NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

PLACE OF BIRTH: _____ DATE: _____

MEDICAL SCHOOL: _____

YEAR OF GRADUATION: _____

IS YOUR PRACTICE LIMITED TO OTOLARYNGOLOGY? YES _____ NO _____

ARE YOU LICENSED TO PRACTICE MEDICINE IN NC? YES _____ NO _____

NC LICENSE NUMBER: _____

BOARD CERTIFIED/ELIGIBLE BY AMERICAN BOARD
OF OTOLARYNGOLOGY? YES _____ NO _____

“I HEREBY APPLY FOR MEMBERSHIP IN THE NORTH CAROLINA SOCIETY OF OTOLARYNGOLOGY –
HEAD AND NECK SURGERY, INC. AND ATTEST THAT THE ABOVE INFORMATION IS TRUE AND
CORRECT.”

SIGNATURE

DATE

SPONSOR (SOCIETY MEMBER) NAME: _____

“I HEREBY ATTEST TO THE QUALIFICATIONS OF THE CANDIDATE THROUGH PERSONAL KNOWLEDGE
AND RECOMMEND THE CANDIDATE FOR MEMBERSHIP.”

SIGNATURE

DATE

INSTRUCTIONS:

1. Complete entire form.
2. Annual Dues \$150.00.
3. Mail to: NCSOHS, PO Box 27167, Raleigh, NC 27611