



Application for Membership West Virginia Academy of Otolaryngology - Head and Neck Surgery, Inc.

President

Joedy L. Daristotle, M.D.
Fairmont, WV

Vice President

Richard Lough, M.D.
Charleston, WV

Secretary-Treasurer

F. Thomas Sporck, M.D.
Charleston, WV

Past President

R. Arturo Roa, M.D.
Huntington, WV

Directors

A. James Paine, Jr., M.D.
Beckley, WV

Scott Gibbs, MD
Huntington, WV

Charles (Mike) Haislip, M.D.
Morgantown, WV

Executive Secretary

Diane Slaughter, APR, CAE
WVAO - HNS, Inc.
PO Box 11306
Charleston, WV 25339-1306
phone: 304.984.0308
fax: 304.984.3718
email: info@wvao-hns.org

Name: _____

Telephone No. (____) _____ Fax No. (____) _____

Office Address: _____

City, State, ZIP Code: _____

Home Address: _____

Telephone No. (____) _____

City, State, ZIP Code: _____

Place of Birth: _____

Birth Date: _____

Undergraduate School: _____

Date of Graduation: _____

Medical School: _____

Date of Graduation: _____ Degree: _____

Residency: _____

Date (started): _____ (completed): _____

Fellowship: _____

Hospital Staff Appointments (and offices held):

Teaching Appointments: _____

Are you:

Certified by the American Board of Otolaryngology? Yes No

Date: _____

Fellow in AAO-HNS? _____

Date: _____

Please complete reverse side.

Other Specialty Membership (offices held): _____

Other Medical Membership (offices held): _____

Signature: _____ Date _____

Return this application, with a check for \$200 made payable to WVAO-HNS, Inc., to the Secretary-Treasurer. Include either a copy of your Certification of Completion of Residency or a letter from your Departmental Chairman certifying completion of residency.

Also give the names of three (3) professional references below and return to:

F. Thomas Sporck, M.D., F.A.C.S.
Secretary-Treasurer WVAO-HNS
Post Office Box 11306
Charleston, WV 25339-1306

Professional References:

I. Name _____

Address: _____

Telephone No: (____) _____ Fax No.: (____) _____

II. Name: _____

Address: _____

Telephone No: (____) _____ Fax No.: (____) _____

III. Name: _____

Address: _____

Telephone No: (____) _____ Fax No.: (____) _____