



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

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

Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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: \_\_\_\_\_

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Huntington, WV

**Vice President**

Charles (Mike) Haislip, MD  
Morgantown, WV

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Charleston, WV

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Martinsburg, WV

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Weston, WV

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

***Please complete reverse side.***

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: \_\_\_\_\_

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: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

II. Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone No: (\_\_\_\_\_) \_\_\_\_\_ Email.: \_\_\_\_\_

III. Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone No: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_