



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

Name: _____

Office Address: _____

City, State, ZIP Code: _____

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

Email: _____

Undergraduate School: _____

Date of Graduation: _____

Medical School: _____

Date of Graduation: _____

Degree: _____

Residency: _____

Fellowship: _____

Are you:

Certified by the American Board of Otolaryngology? ☐ Yes ☐ No Year: _____

Fellow in AAO-HNS? ☐ Yes ☐ No Year: _____

Signature: _____ Date: _____

Return this application to WVAO-HNS, Inc., to:

Joedy Daristotle, M.D. Secretary-Treasurer

WVAO-HNS

Post Office Box 11306

Charleston, WV 25339-1306

You can pay the \$250 annual dues by check to the address above or [online](#).