



SOCIETY OF PHYSICIAN ASSISTANTS IN OTORHINOLARYNGOLOGY HEAD AND NECK SURGERY

Membership Application January - December 2008 Membership Year *New / Renewal (circle one)*

Name _____ AAPA# _____
Home Address _____ NCCPA# _____
City/State/Zip _____ Home Phone# _____
Employer _____ Work Phone# _____
Work Address _____ Fax# _____
City/State/Zip _____ E-mail _____

ENT Subspecialty (please mark the one that applies):

- General ENT Pediatric ENT Otology Head and Neck Cancer
 Allergy Other _____

Please Check One:

Fee:

- ___ FELLOW: Member AAPA, NCCPA-Certified, Employed ENT PA\$50.00
___ SUSTAINING: (Non-PA) Physician, Pharmaceutical Rep., etc.\$40.00
___ ASSOCIATE: Member AAPA, NCCPA-Certified, Interested but not employed in ENT.....\$45.00
___ AFFILIATE: Non-AAPA Member, employed as a PA\$45.00
___ STUDENT:\$10.00

Preferred mailing address: HOME _____ WORK _____ E-MAIL _____

SPAO-HNS occasionally rents its mailing list to carefully selected companies.

⇒ Please ___ include / ___ exclude my name from mailing lists.

SPAO-HNS publishes an annual membership directory to be distributed to members only.

⇒ Please ___ include / ___ exclude my name from the membership directory.

SPAO-HNS receives information concerning employment opportunities in the specialty.

⇒ Please ___ include / ___ exclude my name when notifying members of employment opportunities.

I am interested in finding out more about volunteer opportunities with SPAO.

Please make check payable to SPAO-HNS and return to the address below.
950 North Washington Street
Alexandria, VA 22314-1552

Thank you! Please direct any membership questions to:
Martha Schultz, E-mail pastorpac@aol.com
or contact SPAO-HNS at 703/836-2272 x3418 or spao@aapa.org