



SOCIETY OF PHYSICIAN ASSISTANTS IN OTORHINOLARYNGOLOGY HEAD AND NECK SURGERY

Membership Application *New / Renewal (circle one)*

Name _____ Designation _____
Home Address _____ Home Phone# _____
City/State/Zip _____ Email _____
Employer _____ Work Phone# _____
Work Address _____ Fax# _____
City/State/Zip _____ Alternate Phone# _____
AAPA# _____ NCCPA# _____ Degree _____
Years in Practice: _____ Gender _____ Referred by _____

Please select an applicable ENT Subspecialty

General ENT Pediatric ENT Otology Head and Neck Cancer Allergy Other

Please select a membership level:

Fee:

**Fee is for a one-year membership*

- | | |
|---|------|
| <input type="checkbox"/> Fellow: Member AAPA, NCCPA-Certified, Employed ENT PA | \$75 |
| <input type="checkbox"/> Sustaining: PA eligible for fellow membership but presently practicing medicine or a member of AAPA | \$55 |
| <input type="checkbox"/> Physician: A physician that wishes to associate with SPAO | \$55 |
| <input type="checkbox"/> Affiliate: Person ineligible for all other categories | \$55 |
| <input type="checkbox"/> Emeritus: A fellow member that has chosen to retire. | \$75 |
| <input type="checkbox"/> Student: Currently enrolled in an accredited program | \$10 |

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

To pay by credit card, please join online at www.entpa.org.

To pay by check, please complete this form and check payable to SPAO-HNS, then mail or fax to:
6200 Lakeside Avenue
Richmond, VA 23228
Fax: 804-288-3551

Thank you!

Please direct any membership questions to:
SPAO-HNS at 800-863-1207 or admin@entpa.org