



# 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, except for Emeritus which is a one-time fee.*

- |   |      |
|---|------|
| <input type="checkbox"/> <b>Fellow:</b> Member AAPA, NCCPA-Certified, Employed ENT PA   | \$75 |
| <input type="checkbox"/> <b>Sustaining:</b> PA not eligible for fellow membership but presently practicing medicine or a member of AAPA | \$55 |
| <input type="checkbox"/> <b>Physician:</b> A physician that wishes to associate with SPAO   | \$55 |
| <input type="checkbox"/> <b>Affiliate:</b> Person ineligible for all other categories   | \$55 |
| <input type="checkbox"/> <b>Emeritus:</b> A fellow member that has chosen to retire.  | \$75 |
| <input type="checkbox"/> <b>Student:</b> Currently enrolled in PA or postgraduate PA program  | \$10 |

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

To pay by credit card, please join online at [www.entpa.org](http://www.entpa.org).

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

**Thank you!**

Please direct any membership questions to:  
SPAQ-HNS at 800-863-1207 or [admin@entpa.org](mailto:admin@entpa.org)