



Application for Membership in the International Society for Otitis Media Address

<http://www.otitismediasociety.org/membership.html>

Name: Last: _____ First: _____ MI: _____

Position/Title

_____ MD

_____ DO

_____ PhD

_____ Other

Specialty

_____ Pediatric Otolaryngologist

_____ Pediatrician

_____ Family Practice

_____ Speech Pathologist

_____ Other

Organization: _____

Business Address: _____

City: _____ Zip Code/Postal Code: _____

Country: _____

Phone: (Country code) (Area code)(Number): _____

Fax: (Country code) (Area code) (Number): _____

E-mail address (required): _____

Membership Application Classification:

_____ Active (150.00)

_____ Student (75.00)

_____ Senior (150.00—optional)

_____ Honorary (no fee)

_____ Resource constrained environment (50.00)

Please list 2 supporting active members of ISOM (required).

Signature: _____ Date: _____

Please email to:

Secretary, ISOM

Joseph Kerschner, MD

jkerschner@mcw.edu