



INTERNATIONAL  
SOCIETY FOR  
**OTITIS  
MEDIA**

## 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:

Roxanne Link

[rlink@mcw.edu](mailto:rlink@mcw.edu) (membership specialist)