THE INTERNATIONAL OTOPATHOLOGY SOCIETY
a.k.a. THE SCHUKNECHT SOCIETY

Check one:

☐ APPLICATION FOR MEMBERSHIP. Each applicant should submit a completed and signed form, letters of recommendation from the two sponsors, and a copy of his/her curriculum vitae to the Secretary-Treasurer of the Society.

☐ UPDATE MEMBERSHIP. Members may use this form to update/change information in the Society's data base.

Check one: ☐ Active Member   ☐ Associate Member

Please print or type. Use black ink.

1. NAME _____
              Last   First   Middle

   YEAR MEMBERSHIP BEGAN (for membership updates) _____

   SPOUSE'S NAME _____

2. BUSINESS ADDRESS _____

   BUSINESS TELEPHONE _____
                              Country code - city code - area code - number

   BUSINESS FAX _____
                              Country code - city code - area code - number

   E-MAIL _____

3. HOME ADDRESS _____

   HOME TELEPHONE _____
                              Country code - city code - area code - number

4. BIRTH DATE _____
                   Month   Day   Year

5. UNDERGRADUATE   Institution _____ Degree _____
   EDUCATION
                    Location _____   Date _____

                    Institution _____ Degree _____

                    Location _____   Date _____

   GRADUATE/MEDICAL Institution _____ Degree _____
   EDUCATION
                    Location _____   Date _____

                    Institution _____ Degree _____

                    Location _____   Date _____

6. PROFESSIONAL TRAINING

   RESIDENCY: Institution _____ Degree _____

                    Location _____   Date _____

                    Institution _____ Degree _____

                    Location _____   Date _____

6. PROFESSIONAL TRAINING (*continued*)

FELLOWSHIP: Institution _____   Degree _____

                Location _____   Date _____

                Institution _____   Degree _____

                Location _____   Date _____

7. PRESENT POSITION _____   Appointment date _____

            Institution _____   Location _____

            _____   Appointment date _____

            Institution _____   Location _____

8. SPONSORS (Applicable only for new members)

    This application must be signed by two members in good standing. Each sponsor must submit a letter of recommendation.

    (1)_____
            Sponsor's Name (please print or type)

        Sponsor's Address: _____

        _____

    (2)_____
            Sponsor's Name (please print or type)

        Sponsor's Address: _____

        _____

Email this form and curriculum vitae to: Julie Arria, Recording Secretary
                                             Julie_arria@meei.harvard.edu

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Action taken by the Council:

Approved _____   Disapproved _____   Deferred _____

        Date _____

Action taken at the Business Meeting:

Approved _____   Disapproved _____   Deferred _____

        Date _____