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 _____
Street and number

_____
City *State* *Country* *Zip code*

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

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

E-MAIL _____

3. HOME ADDRESS _____
Street and number

_____
City *State* *Country* *Zip code*

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

4. BIRTH DATE _____
Month *Day* *Year*

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

GRADUATE/MEDICAL EDUCATION
Institution _____ Degree _____
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) Signature

Sponsor's Address: _____

_____

(2)_____ _____

Sponsor's Name (please print or type) Signature

Sponsor's Address: _____

_____

Mail this form and curriculum vitae to:

Michael J. McKenna, MD
Secretary-Treasurer, International Otopathology Society
Massachusetts Eye and Ear
243 Charles Street
Boston, Massachusetts 02114-3096, USA

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Action taken by the Council:

Approved _____ Disapproved _____ Deferred _____

Date _____

Action taken at the Business Meeting:

Approved _____ Disapproved _____ Deferred _____

Date _____