ALA American Laryngological Association

APPLICATION FOR POST-GRADUATE MEMBERSHIP

•Please refer to BY-LAWS (Article IV, Section 2) for information on qualifications for membership.	
NAME/DEGREES:	
HOME ADDRESS: (If preferred for mail communication)	
OFFICE ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	

PROPOSER NAME:	
SIGNATURE:	

SECONDER NAME:	
SIGNATURE:	

The PROPOSER is responsible for verification of information submitted by candidate. Incomplete applications will be returned to the Proposer.

APPLICATIONS MUST INCLUDE:

- The signatures of both Proposer and Seconder. (*Electronic signatures are accepted. Or you may print, sign, scan, and email the completed form)*
- A Letter of Support addressed to the Secretary from the Proposer (not needed from Seconder). Proposer should be the candidate's fellowship director or residency Department Chair, Vice-Chair and/or program director who is an Active Fellow of the ALA.
- A current curriculum vitae.
- A high-resolution photo attached as a file, and pasted in the space at the top right of this form, to be used for ALA Business Meetings and in newsletters.

Application should be **TYPEWRITTEN** and returned to the Administrator, Maxine Cunningham, via email (maxine.c@comcast.net) by the 1st Monday in September. Please contact the administrator at 615-812-6170 with questions.

EDUCATION	
COLLEGE EDUCATION AND DEGREE(S) EARNED: (list year and institutions)	
MEDICAL EDUCATION AND DEGREE(S) EARNED: (list year and institutions)	
OTHER DEGREE(S) EARNED: (list years and degrees)	
MEDICAL LICENSE GRANTED: (list year licensed, state, expiration date)	
MEDICAL POST-GRADUATE EDUCATION: (list dates of your residency and institution)	
LARYNGOLOGY FELLOWSHIP TRAINING: (list dates, institution, fellowship director)	
BOARD CERTIFICATION: (list name of board, date and year you became a diplomate or equivalent)	

SERVICE	
PRESENT HOSPITAL POSITIONS:	
ACADEMIC TITLES:	
POSITIONS, AWARDS, AND HONORS	
MEMBERSHIP IN OTHER SOCIETIES: (include offices held)	
PENDING MEMBERSHIP IN OTHER SOCIETIES: (where application is being processed)	

PLEASE LIST UP TO TEN (10) OF YOUR MOST SIGNIFICANT PEER-REVIEWED PUBLICATIONS IN LARYNGOLOGY WITH FULL CITATIONS:

Total number of peer-reviewed publications: _____