

**THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND
OTOLOGICAL SOCIETY, INC. aka THE TRIOLOGICAL SOCIETY**

RESIDENT MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT LEGIBLY

1. Name in Full _____
Last Middle Initial First
2. Name and Address of Residency Training Program

3. Business Phone _____ Business Fax _____
Home Phone _____ Preferred Email _____
4. Home Address _____

5. Date and Place of Birth _____ Spouse's Name _____
6. Anticipated Date of Completion of Residency Training (Month/Year) _____
7. Training/Degrees [Include Colleges, Internships, and All Residencies (in chronological order, including dates)]

8. Scientific and Professional Society Memberships

9. Civic, Public or Military Positions _____

10. Hobbies, Other Interests _____

I agree to adhere to the current standards of ethical conduct as defined by the AMA and endorsed by the Triological Society.

Signature of Applicant

Date

I have reviewed this application for accuracy and recommend the applicant for membership.

Print Name of Program Director

Signature of Program Director

**Mail signed application, photo (if available) to:
The Triological Society • 13930 Gold Circle Suite 103 • Omaha, NE 68144**