

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

## RESIDENT MEMBERSHIP APPLICATION

**THIS IS AN EDITABLE PDF -- WE DO NOT ACCEPT HANDWRITTEN APPLICATIONS**

1. Name in Full \_\_\_\_\_  
  First  Middle Initial  Last
2. Name and Address of Residency Training Program  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell 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 \_\_\_\_\_  
\_\_\_\_\_

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

**Send Signed Application (photo if available) to (choose one):  
Triological Society • 13930 Gold Circle Suite 103 • Omaha, NE 68144  
Fax: 531-355-8905 • Email: beth@triological.org**



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AND OTOLOGICAL SOCIETY, INC.  
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**RESIDENT MEMBERSHIP GUIDELINES**

1. The candidate must be a resident in good standing in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC).
2. The application must be endorsed by the Program Director.

**APPLICATION/PROPOSAL PROCESS FOR NEW MEMBERS**

1. Application materials may be submitted at any time during the year.
2. The application form must be completed online by the resident – available at [www.triological.org/membership.htm](http://www.triological.org/membership.htm) . Upon completion of the online application, the applicant must forward to the Society the approval of the Program Director (form is included as part of the online application). A current photograph (digital format/not web based) is requested.
3. After receipt of all required materials, the applicant will be confirmed as a Resident Member of the Triological Society. The Council reserves the final decision on the qualifications of any applicant.

**Forward the following materials upon completion of the online application:**

- Form containing approval of the Program Director
- Applicant photo

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**Fax: 531-355-8905 • Email: [beth@triological.org](mailto:beth@triological.org)**

**Phone: 531-355-8900**

**BENEFITS OF RESIDENT MEMBERSHIP**  
**Complimentary pre-registration for winter meetings**  
**Eligible for Resident Research Awards**  
**Eligible for Resident Travel Awards to winter meetings**  
**Society mailings**