

# ***APP Section Membership Application***

## **Alabama Society of Otolaryngology Head and Neck Surgery**

P.O. Box 1900 Montgomery, AL 36102-1900  
19 South Jackson Street, Montgomery, AL 36104  
phone: 334-954-2575  
fax: 334-269-5200  
alamedgroups@gmail.com

Membership Fee: \$150.00 per year

Payment Enclosed

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Specialty: \_\_\_\_\_

License Number: \_\_\_\_\_

Year Licensed: \_\_\_\_\_ State Licensed: \_\_\_\_\_

Please make check to and mail to:

AlaSOHN  
P.O. Box 1900  
Montgomery, AL 36102-1900

For questions regarding the APP Section Membership Application please contact:

alamedgroups@gmail.com - preferred method of communication

or

334-954-2575

For other questions about the APP section contact Meredith Genetski, DNP, CRNP:

mstrickland@eaent.com

334-705-0012