



# CL&O Society

Chicago Laryngological & Otological Society  
 10 W. Phillip Rd., Suite 120 ♦ Vernon Hills, IL 60061-1730  
 (847) 680-1666 ♦ Fax: (847) 680-1682  
 Email: Rich@RichardPaulAssociates.com  
 Web: www.ChicagoDerm.org ♦ www.IllinoisDermSociety.org

## Membership Application

Please provide the information requested below and return with your application fee to:  
 CL&O Society, 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061  
 Email: Rich@RichardPaulAssociates.com — Fax: 847-680-1682

**\*\*\* Please complete All pages of application. \*\*\***

Membership Category (check one)

- Full active member (application fee = \$250)
- Associate member (applicaton fee = \$125)

**PLEASE PRINT**

<b>Applicant's name</b> <i>enter here</i>	
<b>Degree(s)</b> - <i>check all that apply</i>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> Other _____
<b>PRACTICE INFORMATION</b>	
Practice Name	
Office Mailing address <i>Street &amp; Suite</i>	
City/State/Zip	
Office phone	
Office fax	
<b>HOME INFORMATION</b> <i>(will not be published)</i>	
Street/Apt.	
City/State/Zip	
Home phone	
<b>Preferences</b> -- Mailing address: Information delivery:	<input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Regular mail <input type="checkbox"/> Email
<b>Preferred Email</b> <i>(very important!)</i>	

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## BACKGROUND INFORMATION

PLEASE PRINT

Date of birth	
Illinois license number/type	
Board certification & date	
Education Undergraduate/Graduate ,, List School(s), Degree(s) and Year(s)	
Medical/professional school & year graduated	
Residency Specialty(s) Location Dates (years)	
Fellowship(s) completed Subspeciality Location Dates	
Academic Appointments School(s) Position(s)	
Please feel free to attach your CV to this application.	

Please finish by completing the payment information on the next page . . .

