



CARIBBEAN ASSOCIATION OF OTOLARYNGOLOGISTS

MEMBERSHIP APPLICATION FORM

(Please print clearly)

Surname: _____ First Name: _____ Initial(s): _____

Home Address: _____

Mailing Address: _____
(if different from above) _____

Contact Information: e-mail address _____
Telephone #(work) _____
WhatsApp # _____

Speciality: _____
Medical Qualification(s): _____
Country: _____

Are you a member of the AAO-HNS? YES NO

Are you a member of another Professional Medical body? YES NO

Please list: _____

Medical Registration #: _____ Country: _____

Have you attended previous CAO conferences?	2021 (Virtual)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	2019 (Jamaica)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	2018 (Barbados)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	2017 (Dominica)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Name of CAO member supporting application for membership: _____

Membership Fees

Please submit your completed form to marquisdow@gmail.com. Your application form will be processed and you will be invited to join us at the Virtual Annual General Meeting as a guest, if your application is successful, you will be invited to become a Member of our CAO organisation. You will be required to pay the annual membership fee of US\$200.00. Upon receipt of your fees, you will then be recognised as a formal member of the CAO. Please note, the CAO AGM takes place the day before the start of the Academic Conference.

Signature _____ Date _____

MEMBERS IN GOOD FINANCIAL STANDING ARE ENTITLED TO A 10% DISCOUNT ON ANY CONFERENCE REGISTRATION FEE*

www.caoent.com