**International Membership**

**of the Korean Society of Otorhinolaryngology-Head and Neck Surgery**

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| Join KORL-HNS Now!Welcome to Korean Society of Otorhinolaryngology and Head & Neck Surgery (ORL-HNS) which was established in 1947, and is the official society representing all physicians of Korea in the field of Otology, Rhinology, Laryngology and Head & Neck Surgery.The Korean Society of ORL-HNS has grown quantitatively to have more than 4,300 members, including 3,850 specialists and 479 residents. And also it has grown qualitatively to have a worldwide reputation in both academic and clinical aspects. We have four visions: 1) to gain public trust by training ORL-HNS specialist, 2) to develop new technology and to expand the range of practice in the field of ORL-HNS, 3) to propose appropriate healthcare policy for the sake of public health, and 4) to demand just right of KORL-HNS members by communication, harmony, and mutual respect. We all KORL-HNS members will try our best to practice policy priorities in harmony with the society’s vision. When you join Korean Society of ORL-HNS, you are provided with many valuable benefits. |

**Benefits**

- Free Membership Dues

-Discount of Annual Congress of KORL-HNS registration fee and a chance to participate in KORL-HNS

award program

-Free online access to Korean Journal of ORL-HNS (KJORL-HNS) (<http://jkorl.org/>)

-Free online access to KORL-HNS website and E-learning system in English

**Requirements for International Membership**

-International Members are non-Korean otorhinolaryngology experts who have a related degree of otorhinolaryngology, audiology, and speech/language pathology.

-International Members are recommended to attend the International Congress of ORL-HNS (ICORL), Seoul, every two years.

-International Members shall be approved by the Board of Directors of KORL-HNS.

**Application for International Membership and associated membership**

 - All applicants should submit the application form and CV.

- You can find application form and requriements in KORL-HNS webpage (<http://eng.korl.or.kr/index.php>)

-You can apply via homepage or e-mail (entsoc@korl.or.kr).

**Maintenance of Membership**

-Membership is effective upon processing of application and activation of new membership account.

-Membership extends from January 1 to December 31 of the calendar year, regardless of joining date.

-International Membership is valid for three years.

-International Member should submit renewal form of International Membership to KORL-HNS via webpage before termination.

-International Membership could be terminated on written or email request from the member.

-International membership could be terminated by agreement in KORL-HNS board of directors, in case of one’s hazardous activity against KORL-HNS.

Application for International Membership

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| **Please type or print****Send completed form to:****The Korean Society of Otorhinolaryngology-Head and Neck Surgery****103-307, 67, Seobinggo-ro, Yongsan-gu, Seoul, 04385 Rep.of KOREA****Tel: +82-2-3487-9091 / Fax: +82-2-3487-9092****E-mail: entsoc@korl.or.kr** |  |
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| **First Name:**  |  | **Last Name** |  |
| **Job Title:** | **□** (Clinical) Professor **□** Private practice physician **□** Fellow**□** Resident **□** Audiologist **□** Speech pathologist/therapist **□** Nurse □ Etc |
| **Date of Birth (Month/Date/Year)** |  | **□ Male □ Female** |
| **Subspecialty (if any):**  |  | (i.e.,Otology, Rhinology, Laryngology, Head and Neck surgery)  |
|  |  |
| **Home Address:** |  |
| **Zip Code:** |  | **Country/ City:** |  |  |
| **Office Address:** |  |
| **Zip Code:**  |  | **Country/City:** |  |
| **Home Phone:** |  | **Office Phone** |  |
| **E-mail:** |  | **Fax:** |  |
| **Education (list name of institution, years attended, and degree(s) received):****1. Undergraduate and/or Graduate School:** |
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| **2. Internships, Residencies, Fellowships, or job position at the hospital:** |
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| **I agree to abide by the current bylaws and any revision thereof:**I certify that the foregoing statements are true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause for rejection of this application or the termination of the membership. |
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| **Signature of Applicant** |  | **Date** |