



The Prosper Mènière Society
APPLICATION FOR MEMBERSHIP

MEMBERSHIP CLASSIFICATION DESIRED:

- Physician/PhD/Allied Health Professional - \$75 Corporate - \$500

SPECIALITY:

- Otolologist/Neurotologist Otolayngologist Neurologist/Neurosurgeon Other
 Neuroradiologist Audiologist PT/OT

_____ *(Please Specify)*

Name *(please print, along with degree allocations, exactly as you wish it to appear on our membership certificate)*

Work Address

City/State

Country

Zip/Country Code

Work Phone

Work Fax

Preferred eMail

Preferred Mailing Address

City/State

Country

Zip/Country Code

Applicant Signature

First Sponsor Signature *(or date of Symposium attendance)*

Second Sponsor Signature

or by check:
4301 W. Markham St., #543
Little Rock, Arkansas 72205