

**CHRISTIAN SOCIETY OF OTOLARYNGOLOGY HEAD AND NECK SURGEONS
APPLICATION FOR ADMISSION TO MEMBERSHIP**

Name _____

Office Address _____

City, State, Zip _____

Telephone _____

Email Address _____

Fax _____

Home Address _____

Home City, State, Zip _____

Spouse Name: _____

Education _____

College _____

Degree Awarded _____ Grad Year _____

Description and Location of Practice _____

The undersigned hereby certifies that he or she personally believes in the Society's Statement of Faith, as stated on the reverse side and that they will abide by the provisions of the Certificate of Incorporation and the By-Laws of the Society.

Applicant Name Type or Print Applicant Signature Date

Please read Statement of Faith (next page)

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Statement of Faith

The Statement of Faith of the Society is as follows: *As Members of the Society*, we believe in the following:

The one God, the sovereign Creator and Sustainer of all things. Triune in the Father, the Son and the Holy Spirit.
The one God who is

We believe in the loving Father of the universe, who so loved the world that He gave His life in His Son, through Whose death and resurrection those who place their faith in Him might live eternally.

We believe in the unique deity and manhood of our Lord Jesus Christ, who is God incarnate, and has by death on the cross redeemed and saved those from sin and its penalty, who believe by faith and receive Him as Savior.

We believe in God's powerful and loving omnipresence as the Holy Spirit, on Whom we may rely to guide, comfort and teach us all necessary things, that we might live fruitful lives. In Him we live and move and have our being; and

We believe in the divine inspiration, integrity and final authority of the Bible as the Word of God and the ultimate rule of faith and practice.

Please submit this form via email or regular mail to:

Mailing address:
Cynthia Cousens-Jacobs
Assistant to Dr. Brent Senior, CSO Secretary
26704 NE Comegy St.
Duvall, WA 98019
Email: secretarycso@gmail.com