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 Ye	ear	
Description and Location of Practice			
	rse side and that th	ne or she personally believes in the ney will abide by the provisions of t ociety.	
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:

Susan Arias Assistant to Dr. Brent Senior, CSO Secretary 15101 Magnolia Blvd, #E7 Sherman Oaks, CA 91403

Email: secretarycso@gmail.com

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