



# AAAAI Recommendation Form

Thank you for taking the time to be a sponsor for a potential member/Fellow of the AAAAI. Please be sure to print clearly and answer **all questions** below before submitting this form.

Applicant's name: \_\_\_\_\_

Your name: \_\_\_\_\_ ID Number: \_\_\_\_\_

\* What is your relationship to the applicant? (check all that apply)

- Business partner                       Colleague                       Supervisor                       Training Program Director
- Other: \_\_\_\_\_                       Unknown (was asked to sponsor via the online directory)

\* What is the duration of your relationship with the applicant?

- Less than 1 year                       1-5 years                       6-10 years                       11+ years

\* How long as it been since you last had contact with the applicant?

- Less than 1 year                       1-5 years                       6-10 years                       11+ years

Please be sure to read the following statements carefully and mark them accordingly.

\* By checking the boxes below, I certify, to the best of my knowledge, that the above named applicant:

- Is devoted to the advancement of the knowledge and practice of allergy, asthma and immunology for optimal patient care
- Has the character and ethical standing necessary to support the AAAAI
- Has strong professional ability and a dedication to lifelong learning

\* Please use the space below to provide your statement of recommendation regarding the above applicant. (Tell us in what capacity this applicant will be an asset to the AAAAI):

By submitting this form, you are stating that the applicant has your full endorsement for membership/Fellowship within the AAAAI.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form via mail, fax or email (PDF) to:

AAAAI Senior Membership Manager • American Academy of Allergy, Asthma & Immunology •  
555 E. Wells Street, Suite 1100 • Milwaukee, WI 53202-3823 • (414) 272-6070 (f) • [membership@aaaai.org](mailto:membership@aaaai.org)

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<b>For Office Use Only</b>		
Sponsor: <input type="checkbox"/> Fellow: _____	<input type="checkbox"/> Member: _____	<input type="checkbox"/> Allied Health Member: _____