

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 answer **all questions** below before submitting this form.

Your name (please print): _____

Applicant's name: _____

* Relationship to the applicant (check all that apply):

- Training Program Director
- Business partner
- Colleague
- Other: _____

* Duration of relationship:

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

* Time since last contact:

- 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 this space 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 sponsorship form, you are hereby stating that the above named 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 Membership Development Manager • American Academy of Allergy, Asthma & Immunology •
 555 E. Wells Street, Suite 1100 • Milwaukee, WI 53202-3823 • (414) 272-6070 (f) • membership@aaaai.org

For Office Use		
Submitted Online: _____	Sponsor: Fellow: _____	Member: _____