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

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For Office Use Only
Sponsor: ☐ Fellow: _____________ ☐ Member: _____________ ☐ Allied Health Member: _____________