



AMERICAN ACADEMY OF ALLERGY
ASTHMA & IMMUNOLOGY

Allied Health Membership Application

JOIN YOUR PEERS

By completing this application you are taking the first step to joining your peers in shaping the future of the specialty.

The American Academy of Allergy, Asthma & Immunology (AAAAI) represents asthma specialists, clinical immunologists, allied health professionals and others with a special interest in the research and treatment of allergic disease.

Established in 1943, the AAAAI has nearly 6,500 members in the United States, Canada and 60 other countries. The AAAAI is devoted to the advancement of the knowledge and practice of allergy, asthma and immunology for optimal patient care.

If you have any questions about membership, please call Membership Services at (414) 272-6071 or e-mail membership@aaaai.org.

Valuable Benefits

- Annual Meeting early registration and exclusive discounts
- Opportunities to earn Continuing Education credits
- Personalized listing in the AAAAI Membership Directory
- Access to a broad range of awards and grants
- AAAAI News, the membership magazine
- Special pricing on a variety of public education materials
- Full access to the “Members Only” section of the AAAAI Web site
- Practice management resources and guidance
- Networking opportunities with A/I professionals throughout the world
- Ability to participate in Interest Sections, assemblies and committees

www.aaaai.org

APPLY TODAY

MEMBERSHIP CATEGORY

Allied Health Members: Persons engaged in the field of allergy/immunology or a related field, in patient care, in a technical or administrative capacity, or who work in research laboratories are eligible for memberships as an Allied Health Member. Examples include licensed practical nurses (L.P.N.s), registered nurses (R.N.s), physician's assistants (P.A.s), allergy technicians, pharmaceutical employees, technologists or research associates.

Allied Health members shall not be eligible to vote, propose motions, serve on the Board of Directors or hold office.

APPLICATION SUBMISSION

- * Answer all questions completely. If a question does not apply, please enter "none".
- * All application materials are accepted by email, fax or postal mail.
- * Please include any additional documents supporting your application.

SPONSORSHIP

- * Applicants need letters of recommendation from two (2) Sponsors.
 - Chief Sponsor:** Must be a FELLOW of the AAAAI
 - Co-Sponsor:** Must be a MEMBER of the AAAAI
- * Applicants are responsible for requesting Sponsor recommendation letters and making sure they are sent to the executive office either directly from the Sponsor or from the applicant.
- * Only one Sponsor may be associated with the applicant's current practice.
- * Letters of recommendation are accepted by email, fax or postal mail.

The Sponsor's letter of recommendation should be on company letterhead and include:

- * Date
- * Name of applicant
- * Type of work performed and professional ability
- * Character and ethical standing
- * Applicant's special interest in the field
- * Length of time known applicant
- * Professional relationship with applicant
- * General statement recommending applicant for membership

MEMBERSHIP PROCESS

- * Applications are accepted year-round.
- * Once an application file is complete it will be sent to the Membership Committee for review.
- * Applications approved by the Membership Committee are sent to the Board of Directors with a recommendation for approval.
- * Complete your application by...

May 15	for review at the June Board of Directors meeting
September 15	for review at the November Board of Directors meeting
January 15	for review at the March Board of Directors meeting
- * The final step is approval by the AAAAI Fellows at the next Annual Meeting.
- * **Incomplete applications will be kept on file for one year only.**

ANNUAL DUES

- * Allied Health annual dues are \$55.
- * **The \$55 membership fee must be submitted with the application.**

Complete this application or apply online at www.aaaai.org/professionals/membership/apply

ALLIED HEALTH MEMBERSHIP APPLICATION

American Academy of Allergy,
Asthma & Immunology
555 East Wells Street, Suite 1100
Milwaukee, WI 53202-3823
(414) 272-6071 Fax: (414) 272-6070

PLEASE TYPE OR PRINT CLEARLY

Personal Data

Name _____
Last First MI

Home Address _____

City State Zip Country

Home Phone (____) _____ Fax (____) _____ E-mail _____

Date of Birth _____ Place of Birth _____ Citizenship _____

Professional Data

Circle One: RN NP LPN PA RT BS BA MA MS Med. Asst.
CRC (Clinical Research Coord.) Medical Admin. Office Mgr. Other _____
please specify

Title _____ License # _____ Date _____

Current Certification _____

Employer _____

Office Address _____

City State Zip Country

Office Phone (____) _____ Fax (____) _____ E-mail _____

Position _____ How Long: _____

Mailing Preference _____ Office _____ Home

Previous Allergy Related Employment _____

Undergraduate Education

Institution _____ Degree _____

Area of Study _____ Date Graduated _____

Graduate Education

Institution _____ Degree _____

Area of Study _____ Date Graduated _____

Postgraduate Work - List Courses and Dates

Current Teaching and University or Hospital Affiliations

Institution _____ Title _____ Date _____

Institution _____ Title _____ Date _____

Practice Information

Associate & Affiliate Applicants: How much of your time is spent with allergic patients?

___ All ___ Most (>33%) ___ Some (>10%) ___ Occasional

Research Associate Applicant: How much of your time is spent in research (R) and/or teaching (T)?

All: ___ R ___ T Most (>33%): ___ R ___ T Some (>10%): ___ R ___ T Occasional: ___ R ___ T

Disclosures

Have you ever been the subject of any disciplinary action by a State or Local Medical Society, or by a Medical Licensing Body? _____ Yes _____ No

Have you ever had your privileges or license suspended or revoked? _____ Yes _____ No

If you answered yes to either of the above questions, please provide an explanation in an accompanying letter to the AAAAI.

Memberships

Please list current memberships in allergy/immunology societies and other major medical or nursing societies. (no acronyms)

List the allergy meetings and locations attended during the past three years.

Publications

Please attach sheet giving titles in full. If you have none, please state "NONE." _____

Sponsors

As an Allied Health applicant, you are responsible for requesting Sponsor recommendation letters and making sure they are sent to the executive office either directly from the Sponsor or from you.

Chief Sponsor (Must be an AAAAI Fellow)

Name _____

Location _____ E-mail _____

Sponsor (Must be an AAAAI Member)

Name _____

Location _____ E-mail _____

Signature of Applicant _____ Date _____

Annual Dues Payment Method

My check in the amount of \$55.00 payable to AAAAI is enclosed.

Please charge the \$55.00 fee to my credit card (circle one): MasterCard VISA American Express

Card No. _____ Expiration Date _____

Signature _____

Return this form with payment to:

AAAAI, Membership Services, 555 East Wells Street, Suite 1100 • Milwaukee, WI 53202

Fax: (414) 272-6070 • E-mail: membership@aaaai.org