



AMERICAN ACADEMY OF ALLERGY
ASTHMA & IMMUNOLOGY

AAAAI International In-Training Member Application Form

Return this form with a **copy of your current CV** and a **letter from your Program Director verifying your fellowship training** to Membership Services, via fax (414) 272-6070 or by mail. If you have any questions, please call Membership Services at (414) 272-6071 or e-mail membership@aaaai.org

TO BE FILLED OUT BY CURRENT FELLOW-IN-TRAINING

Please print clearly

Name (include MD, DO, etc.): _____

Mailing Address: Place a check next to your preferred mailing address

Office Address: _____

City, State/Country, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Home Address: _____

City, State/Country, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

DEMOGRAPHICS (optional) Gender: Male Female Race: African American Asian Caucasian Hispanic Native American Other _____
Date of Birth: ____ / ____ / 19____

FELLOWSHIP TRAINING

Program or Institution: _____

City: _____ Country: _____

Program Type: Allergy/Immunology Other: _____

Program Start Date: _____ Graduation Date: _____

Name of Program Director: _____

Signature: _____ Date: _____

TO BE SIGNED BY APPLICANT'S PROGRAM DIRECTOR

EDUCATION AND TRAINING

Undergraduate (Degree, location, year): _____

Medical Education (Degree, location, year): _____

Residency (Degree, location, year): _____

Certifications (ABIM 2004, ABP 2005, etc): _____

Signature: _____ Date: _____

RETURN APPLICATION WITH CV & PROGRAM DIRECTOR LETTER

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