



APPLICATION FOR MEMBERSHIP

INSTRUCTIONS

1. Please print or type and return completed application to: PAAA, 777 East Park Drive, P. O. Box 8820 Harrisburg, PA 17105-8820
2. Any questions call 717-558-7750 x1592. Fax 717-558-7841.
3. **Attach current curriculum vitae.**
4. Enclose a check for \$125 payable to PAAA for your 1st year's dues, plus a \$125 reapplication fee if your membership has previously been dropped. (Does not apply to training applicants). It will be refunded only if the application is denied. You may also provide credit card information. PAAA accepts Visa or Mastercard.
Credit Card # _____ Expiration Date _____ Security Code _____
Name and Billing Address _____
5. Applications will go to the Membership Committee only when complete.
6. Applications will be reviewed by the board three times per year; winter, summer & fall.

MEMBERSHIP CATEGORIES

Please indicate the category for which you are applying. The Membership Committee reserves the right to change the category in which you are classified.

- Active** - A physician allergist (MD or DO) who has successfully completed two years of fellowship in allergy and immunology. He or she is eligible to vote, hold elective office, and to serve in any capacity on committees.

Subspecialties - Choose one: Adults only All Ages Children Only

Patients Age 5 and Above Immunodeficiency

- Associate** - Non-allergist physician (MD or DO). He or she may serve as a member of a committee (but not as its chair), but may not vote or hold elective office.

- Training** - A physician (MD or DO) enrolled in a fellowship program in allergy and immunology. A training member may serve on a committee (but not as a chair), but may not vote, or hold elective office. Training members are not responsible for dues. Elevation from training to active membership requires notification of successful completion of the two year fellowship.

Program Director's signature: _____ Projected year of completion: _____

- Corresponding** - Any person of good character who evinces an interest in allergy is eligible to become a corresponding member. He or she may serve as a member of a committee (but not as chair), but may not vote, attend PAAA board or business meetings or hold office.

Name: _____ Date of Birth: _____

Office Address _____

City _____ State _____ Zipcode _____

Telephone:() _____ Business Fax:() _____

Home Address _____

City _____ State _____ Zipcode _____

Home Phone:() _____ Email Address _____

May we send you e-mail alerts from PAAA? Yes No

Preferred Mailing Address: Home Business

Education:

College _____ Date: _____ to _____ Degree _____

Medical School _____ Date: _____ to _____ Degree _____

Residency: Type _____ Institution _____ Date: _____ to _____

Type _____ Institution _____ Date: _____ to _____

Fellowship: _____ Institution _____ Date: _____ to _____

Name/ Address of Program Director: _____

Hospital Appointments: (name, address)

_____ Date: _____ to _____

_____ Date: _____ to _____

Academic Appointments:

Title _____ School _____ Date: _____ to _____

Title _____ School _____ Date: _____ to _____

Title _____ School _____ Date: _____ to _____

State Medical License: (provide date of licensure and license number):

1. _____ 2. _____

Board Certification:

ABIM/ ABP (circle) Date _____ Certificate # _____

A & I Date _____ Certificate # _____

(If not certified, date of eligibility) _____

Other (specify) _____

Date _____ Certificate # _____

Membership in Medical Organizations:

AAAAI _____ ACAAI _____ Other _____

Have you ever had your license to practice medicine or hospital privileges revoked or suspended?

Yes No . If yes, please explain on a separate sheet of paper.

I hereby pledge myself to the highest ethical standard in the practice of medicine; I agree to abide by the rules and regulations of the Association and Bylaws and by such changes and amendments as may hereafter be properly adopted. I agree to revocation of the certificate of membership in this Association in the event that any of the statements made relevant to this application by me are false. I agree to hold the Association, its members, officers, and agents free from any damage or complaint by reason of any action they or any of them may take in connection with this application.

(Signature of Applicant)

(Date)