

THE NEW JERSEY ALLERGY, ASTHMA & IMMUNOLOGY SOCIETY
MEMBERSHIP APPLICATION

MEMBERSHIP CATEGORY:

Check one:

- Active (Allergist: MD/DO)
- Affiliate (non-Allergist: MD/DO, NP, PA, RN)
- Honorary
- Emeritus

FOR NJAAIS USE ONLY:

- Approved Membership Committee
- Approved Executive Committee
- Secretary Notified
- Treasurer Notified
- Applicant Notified

DEMOGRAPHICS:

NAME: _____

DATE OF BIRTH: _____

OFFICE ADDRESS: _____

TEL NUMBER: _____
 FAX NUMBER: _____

HOME ADDRESS: _____

TEL NUMBER: _____

PREFERRED MAILING ADDRESS: OFFICE HOME (check one)

EMAIL ADDRESS: _____ (Required)

EDUCATION:

MEDICAL SCHOOL: _____
 ADDRESS: _____

YEAR GRADUATED: _____

RESIDENCY (1): _____
 CHAIRMAN: _____
 ADDRESS: _____

DATES: _____

RESIDENCY (2): _____
 CHAIRMAN: _____
 ADDRESS: _____

DATES: _____

FELLOWSHIP (1): _____
 CHAIRMAN: _____
 ADDRESS: _____

DATES: _____

FELLOWSHIP (2): _____
 CHAIRMAN: _____
 ADDRESS: _____

DATES: _____

HOSPITAL STAFF APPOINTMENTS: PAST AND PRESENT WITH RANK (USE OTHER SIDE IF NEEDED)

YEARS	HOSPITAL	ADDRESS	RANK

NJAAIS MEMBERSHIP APPLICATION CHECKLIST

RETURN COMPLETED APPLICATION WITH:

- C.V.
- MEDICAL LICENSE COPY
- BOARD CERTIFICATES COPIES
- ONE NJAAIS SPONSOR RECOMMENDATION LETTER
- LETTER FROM ALLERGY TRAINING CHAIRMAN ATTESTING COMPLETION OF ALLERGY FELLOWSHIP
- LETTER FROM MAIN HOSPITAL WHERE YOU HAVE PRIVILEGES ATTESTING GOOD STANDING STATUS
- FEE OF **\$100** FOR ACTIVE AND AFFILIATE CATEGORIES (EMERITUS ARE EXEMPT FROM DUES), CHECK PAYABLE TO **NJAAIS**.

SEND APPLICATION, SUPPORTING DOCUMENTS AND PAYMENT TO:

NJAAIS
P.O. Box 735,
Rocky Hill, NJ 08553
Phone: (888) 269-0940
Fax: (888) 269-0940

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED