

**THE NJAAIS MEMBERSHIP APPLICATION**

Active  
Honorary

Affiliate  
Emeritus

**FOR NJAAIS USE ONLY:**

Approved Exec Committee  
Approved General Meeting  
Secretary Notified  
Treasurer Notified  
Applicant Notified

\*Note: Active membership applicants are asked to have a letter of recommendation from their Allergy Chairman sent directly to the NJAAIS Credentials Committee Chairman.

NAME: \_\_\_\_\_  
OFFICE ADDRESS: \_\_\_\_\_

YEAR BORN: \_\_\_\_\_  
TEL NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TEL NUMBER: \_\_\_\_\_

MEDICAL SCHOOL: \_\_\_\_\_  
RESIDENCY (1): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

YEAR GRADUATED: \_\_\_\_\_

(2): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

CHAIRMAN: \_\_\_\_\_

FELLOWSHIP (1): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

DATES: \_\_\_\_\_

(2) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

CHAIRMAN: \_\_\_\_\_

DATES: \_\_\_\_\_

CHAIRMAN: \_\_\_\_\_

DATES: \_\_\_\_\_

CHAIRMAN: \_\_\_\_\_

DATES: \_\_\_\_\_

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

YEARS	HOSPITAL	ADDRESS	RANK

**MEDICAL SOCIETY MEMBERSHIPS (USE OTHER SIDE IF NEEDED)**

**FELLOW?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HONORS GRANTED OR SPECIAL AWARDS:** \_\_\_\_\_

PRACTICE IF ALLERGY & IMMUNOLOGY: \_\_\_\_\_

FULL TIME

PART TIME %: \_\_\_\_\_

IF ASSOCIATED PRACTICE, STATE TYPE: \_\_\_\_\_

INTERNAL MEDICINE

PEDIATRICS

OTHER: \_\_\_\_\_

BOARD CERTIFIED ELIGIBLE (1) \_\_\_\_\_

DATE: \_\_\_\_\_

BOARD CERTIFIED ELIGIBLE (2) \_\_\_\_\_

DATE: \_\_\_\_\_

**PUBLICATIONS (USE OTHER SIDE IF NEEDED)**

\_\_\_\_\_  
\_\_\_\_\_

**SPONSORS (MEMBER OF NJAIIS)**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RETURN APPLICATION TO: NJAIIS, C/O Velida Madden 24 Vreeland Drive Skillman, NJ 08558