



## ACAAI International Affiliate Membership Application Form

**\*\*ALL INFORMATION IS REQUIRED\*\***

**For physicians in asthma/allergy who reside *outside* of the United States and Canada.**

First Name:

Middle Name:

Last Name:

Phone:

Email address:

Office/Practice Name:

Office Address:

City:

State:

Zip/Postal code:

Country:

### Education and Training

Medical School:

Medical School City:

Medical School Country:

Degree earned:

Other Certifications earned:

Begin year:

End year:

Have you completed special training in allergy/immunology?      Yes      No

I certify that all information recorded on this application form is accurate and honestly reflects my qualifications to be an International Affiliate Member of ACAAI.

I understand that by joining the American College of Allergy, Asthma and Immunology, I agree to receive communication via mail and email about the following: Annual Meetings; *Annals*; AllergyWatch; College Insider; College Advantage; member website features, such as new toolkits; CME, board review, and other educational opportunities; upcoming webinars; awards and grants; advocacy; the Foundation of the ACAAI; and general correspondence and specific emails on matters of importance to the allergy/immunology community.

Please type name:

Date:

Email applications to: [membership@acaai.org](mailto:membership@acaai.org)