



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.

Please type name: