

Application for Membership

**JOINT COUNCIL OF ALLERGY, ASTHMA & IMMUNOLOGY**

50 N. Brockway St. Ste. 3-3

Palatine, IL 60067

(847) 934-1918 FAX (847) 934-1820

E-Mail: [info@jcaai.org](mailto:info@jcaai.org) Web Address: [www.jcaai.org](http://www.jcaai.org)

**PLEASE PRINT OR TYPE**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail : \_\_\_\_\_

**MEMBERSHIPS**

Please list current membership in:

\*American Academy of Allergy, Asthma and Immunology: \_\_\_\_\_ Date of Membership: \_\_\_\_\_

\*American College of Allergy, Asthma and Immunology: \_\_\_\_\_ Date of Membership: \_\_\_\_\_

Please be *Specific*

Local Allergy Society: \_\_\_\_\_

State Allergy Society: \_\_\_\_\_

Regional Allergy Society: \_\_\_\_\_

**PRACTICE CHARACTERISTICS**

Are you engaged in private practice? Yes \_\_\_\_ No \_\_\_\_

Majority of time spent in:

\_\_\_\_ A. Solo Practice

\_\_\_\_ B. Group Practice

\_\_\_\_ Single Specialty

\_\_\_\_ Multiple Specialty

\_\_\_\_ C. Academia

\_\_\_\_ D. Administration

\_\_\_\_ E. Armed Forces

\_\_\_\_ F. Government

\_\_\_\_ G. HMO

\_\_\_\_ H. Hospital Staff

\_\_\_\_ I. Other (Specify)

**\*NOTE:** JCAAI bylaws require applicants to be members in good standing in the American Academy of Allergy, Asthma and Immunology *and/or* the American College of Allergy, Asthma and Immunology.

**Annual Membership Dues - \$150.00** (Please include payment with application – check or credit card)

**VISA or Mastercard ONLY**

Exp. Date

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_