



Florida Allergy, Asthma & Immunology Society
 4909 Lannie Road, Ste. B Jacksonville, FL 32218

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MEMBERSHIP APPLICATION

(Please Print or Type – information for FAAIS use and will not be released)

NAME _____

PRIMARY OFFICE _____

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

FAX _____

COUNTY _____

EMAIL _____

Please list any additional offices on a separate sheet and submit along with this application. Up to six offices may be submitted.

HOME TELEPHONE (Optional) _____

MEMBERSHIPS: FMA AMA ACAAI AAAAI ICAI

PRACTICE ASSOCIATES _____

UNDERGRADUATE DEGREE

SCHOOL _____

YEAR _____

MEDICAL DEGREE

SCHOOL _____

YEAR _____

RESIDENCY/FELLOWSHIP _____

YEAR _____

BOARD CERTIFICATION IN ALLERGY, ASTHMA AND/OR IMMUNOLOGY

BOARD _____

DATE _____

BOARD _____

DATE _____

Contributions or gifts to the Florida Allergy, Asthma & Immunology Society are not deductible as charitable contributions for Federal Income Tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense.

When submitting membership application, please enclose your check for \$375, payable to: Florida Allergy, Asthma & Immunology Society, along with your Curriculum Vitae and a letter of recommendation from two of our FAAIS members, one of whom is not a practice associate, and a copy of your Board Certification in Asthma, Allergy and/or Immunology.

Membership shall be limited to those physicians who have completed an allergy and immunology fellowship accredited by the American Council for Graduate Medical Education (ACGME) or those who are currently in an ACGME-accredited allergy and immunology training program.