

ACAAI INTERNATIONAL AFFILIATE MEMBERSHIP APPLICATION
American College of Allergy, Asthma & Immunology
85 West Algonquin Road, Suite 550 Arlington Heights, IL 60005

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

This form is designed to be completed on-line and submitted.

** These fields are required to be completed

**First Name: _____

Middle Name: _____

**Last Name: _____

**E-mail address: _____

**Primary Office Address: _____

**City: _____

State: _____

Postal Code: _____

**Country: _____

**Phone: _____

Fax: _____

**Choose a password: _____

**Confirm the password: _____

Please tell us about your education and training:

**School where you earned your medical degree:

**Medical School City: _____ Country: _____

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

Do you certify that all information recorded on this application is accurate and honestly reflects your qualifications to be an International Affiliate Member of ACAAI?

** I certify that all of the above information is accurate.