



Joint Council of Allergy, Asthma & Immunology
 50 North Brockway Street • Suite 3-3
 Palatine, Illinois 60067
 Phone: 847-934-1918 • Fax: 847-934-1820
 Email: info@jcaai.org • Website: www.jcaai.org

**Fellow in Training
 APPLICATION FOR MEMBERSHIP**

Please print or type:

First Name: _____ Middle Initial: _____

Last Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Institute: _____

Training Program Director: _____

Requested information for JCAAI Member Only section:

User ID: _____

Password: _____

MEMBERSHIPS

Please list current membership in:

* American Academy of Allergy, Asthma & Immunology: _____ Date of membership: _____

* American College of Allergy, Asthma & Immunology: _____ Date of membership: _____

***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.

SPECIAL DUES OFFER

1ST Year Training (Free)

1ST Year Practice at \$50.00

2nd Year Training at \$20.00

Anticipated year of graduation: _____

Special Membership for FIT's: (Please include payment with application – check or credit card)

_____ - _____ - _____ - _____ Exp. ____ / ____
 Visa , MasterCard or Discover

_____ - _____ - _____ - _____ Exp. ____ / ____
 American Express

Signature of Applicant: _____ Date: _____