



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

**APPLICATION FOR JCAAI ASSOCIATE MEMBERSHIP – NON PHYSICIAN**

*Please print or type:*

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

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

Mailing address: \_\_\_\_\_

\_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**MEMBERSHIPS**

*Please list current membership in:*

American Academy of Allergy, Asthma & Immunology: \_\_\_\_\_ Date of membership: \_\_\_\_\_

American College of Allergy, Asthma & Immunology: \_\_\_\_\_ Date of membership: \_\_\_\_\_

\*Sponsoring Physician's name: \_\_\_\_\_

*\* NOTE: JCAAI bylaws require applicant's sponsoring physician be a member in good standing in the JCAAI.*

**SPECIAL DUES OFFER**

Annual Membership Dues: \$25.00 (Please include payment with application; check or credit card).

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_  
 Visa , MasterCard or Discover

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_  
 American Express

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