



**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 MEMBERSHIP**

*Please print or type:*

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

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

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

\_\_\_\_\_

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

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

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

Please designate a login for our web site (www.JCAAI.org)

Username: \_\_\_\_\_  
(Print or type clearly)

Password: \_\_\_\_\_  
(Print or type clearly)

**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 By Laws require applicants to be members in good standing in the AAAAI and/or ACAAI**

*Please be specific:*

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

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

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

Other: \_\_\_\_\_

\_\_\_\_\_

Annual Membership Dues: \$175.00 (Please include payment with application; check or credit card).

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

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

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