



FAAIS

Florida Allergy, Asthma, and Immunology Society

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Name _____

Office Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Please list any additional offices on a separate sheet and submit along with this application.

Memberships: _____ FMA _____ AMA _____ ACAAI _____ AAAAI _____ ICAI

Practice Associates _____

Undergraduate Degree

School _____ Year(s) _____

Medical Degree

School _____ Year(s) _____

Residency/Fellowship _____ Year _____

Residency/Fellowship _____ Year _____

Residency/Fellowship _____ Year _____

Board Certification in Allergy, Asthma and Immunology

Board _____ Date _____

Board _____ Date _____

Fellows may become an associate member at no charge. Please submit all applicable documents listed below. Transference of associate membership to active membership may be done once you have obtained your board certification in Asthma, Allergy & Immunology and submit your certificate via email to Faaais@aol.com.

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.

Submission Requirements: Please submit your Curriculum Vitae and two letters of recommendations from our FAAIS members, one of whom is not a practice associate, and a copy of your Board Certification in Asthma, Allergy and Immunology. To pay the \$375 application fee please visit our website at: FAAIS.org