



# 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](mailto: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 recommendation 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](http://FAAIS.org)