

Los Angeles Society of Allergy, Asthma & Clinical Immunology, Inc. (LASAACI)
Membership Application (must be licensed to practice in California or a nearby state)

MEMBERSHIP TYPE- please circle type of membership

Active: Board certified by the American Board of Allergy and Immunology

Associate: Registered nurse, nurse practitioner or pharmacist

Affiliate: Fellow in training in allergy/immunology in approved training program, resident in training in approved internal medicine and/or pediatrics program

Name _____

Office Address _____

City/State/Zip _____

Home Address _____

City/State/Zip _____

Preferred mailing address office home

Email _____ **Phone** _____ **Fax** _____

Medical License Number _____

TRAINING:

Medical School _____

Internship & Residency _____

Allergy Fellowship Training _____

Hospital Affiliation(s):

PUBLICATIONS: (Please attach bibliography)

MEDICAL SOCIETIES (please check all that apply):

_____ American Academy of Allergy, Asthma & Immunology (AAAAI)

_____ American College of Allergy, Asthma & Immunology (ACAAI)

BOARD CERTIFICATION (please check all that apply):

_____ Diplomate American Board of Allergy & Immunology

_____ Diplomate American Board of Internal Medicine

_____ Diplomate American Board of Pediatrics

CURRENT STATUS: (please check all that apply):

_____ Private practice _____ Academic

_____ Managed Care _____ Fellow

_____ Resident/Intern

With your application, please enclose a \$75 check made payable to LASAACI for membership dues and mail to: LASAACI, c/o Cathy Pollak, MPA, CHES, 2663 Anchor Avenue, Los Angeles, CA 90064. Phone (310) 839-5763, FAX (310) 559-7226, email: laallergysociety@gmail.com

Membership is free for fellows and residents in training.

Contact us:

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