

**APPLICATION FOR MEMBERSHIP**

**LONG ISLAND ALLERGY AND ASTHMA SOCIETY, INC.**

**Please Mark Appropriate Membership:**

- Active Membership (ie: Board Eligible/Certified Allergy-Immunology)     \$150 – Annual Dues
- Associate Membership (ie: Other Doctors)     \$150 – Annual Dues
- Affiliate Membership (ie: R.N./P.A./N.P.)     \$150 – Annual Dues
- Fellow In Training     Waived

**Applicant's Name** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Company Name (If Applicable)** \_\_\_\_\_

**Title (Fellow, Practicing M.D., Director, etc.)** \_\_\_\_\_

**Office Address** \_\_\_\_\_

**Office Phone #** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Post Graduate School & Degree (ie: M.D., D.O., R.N., etc.)** \_\_\_\_\_

**Date of Graduation (Highest Degree)** \_\_\_\_\_

**INTERNSHIPS**

**Hospital** \_\_\_\_\_ **Dates** \_\_\_\_\_

**Hospital** \_\_\_\_\_ **Dates** \_\_\_\_\_

**Hospital** \_\_\_\_\_ **Dates** \_\_\_\_\_

**RESIDENCY/FELLOWSHIPS**

**Hospital** \_\_\_\_\_ **Dates** \_\_\_\_\_

**Hospital** \_\_\_\_\_ **Dates** \_\_\_\_\_

**Hospital** \_\_\_\_\_ **Dates** \_\_\_\_\_

**Hospital Affiliation(s)** \_\_\_\_\_

**MEMBERSHIP IN COUNTY, STATE and NATIONAL MEDICAL SOCIETIES**

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**BOARD CERTIFICATION(S)**

Primary Board \_\_\_\_\_ Date \_\_\_\_\_  
Secondary Board \_\_\_\_\_ Date \_\_\_\_\_  
Other Board \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

**SPONSOR**

**The Applicant must have a sponsor who is a member of  
The Long Island Allergy & Asthma Society**

Sponsor's Name \_\_\_\_\_  
\_\_\_\_\_

**Along with this application, the applicant must submit copies of the following (as appropriate)**

- 1. Professional License**
- 2. Graduation Diploma from Post Graduate School (Medical, Nursing, etc.)**
- 3. Certificate(s) of Residencies or Fellowships completed**
- 4. Certificate(s) of Memberships of Societies listed on the application**
- 5. Copy of Board Certification (if applicable)**
- 6. Fellow In Training applicants - submit a letter from your training director verifying your current status**
- 7. Fellow In Training member to Active member: Update file with updated application, certificate of fellowship and board certification**
- 8. Check for annual dues to "LIAAS"**