



# AMERICAN ACADEMY OF ANESTHESIOLOGIST ASSISTANTS

## *Membership Application*

### **Member Type:**

- Fellow - \$400
- Student\* - \$200
- Physician Affiliate - \$150

*\*Student dues are \$200 for the entire term of matriculation at the AA program in which the student is enrolled.*

### **Profile Information:**

**Username\*:** \_\_\_\_\_

**Password\*:** \_\_\_\_\_

*\*You will use this login information to access your online member profile on the AAAA website*

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

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

**Birthdate (Month/Date/Year):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Home Address 1:** \_\_\_\_\_

**Home Address 2:** \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

AA Program Attended (if applicable): \_\_\_\_\_

School Information/Program: \_\_\_\_\_

Month/Year of Graduation: \_\_\_\_\_

Certified AA-C?

Yes

No

Other credentials earned: \_\_\_\_\_

**Employer Information:**

Hospital Affiliation & Anesthesia Group: \_\_\_\_\_

Title: \_\_\_\_\_

Work Address 1: \_\_\_\_\_

**Work Address 2:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Work Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Extension:** \_\_\_\_\_

**States of Interest (List all that apply):**

---

**Please check areas in which you would like to participate below:**

- Annual meeting**
- Communication**
- Education**
- Membership**
- National Affairs**
- Newsletter**
- Student Affairs**
- Website**

**Fellows: Do you currently work with AA students?**

- Yes**
- No**

**If not, would you be willing to work with AA students?**

- Yes**
- No**

*If someone referred you to AAAA, please list his/her name. Any member who refers two (2) non-student members to AAAA receives a \$50 discount on next year's dues. Referred members cannot have been a member for at least one year.*

**Referred by:** \_\_\_\_\_

**Authorization to Verify Application Information**

I hereby authorize the American Academy of Anesthesiologist Assistants (AAAA), or any of its officers, employees or agents, to investigate and verify the information I have set forth on my application to be a member of the American Academy of Anesthesiologist Assistants (AAAA). I understand the authority I am granting the AAAA and further understand that said verification of the information set forth on the application is a requirement to my becoming a member of the above-named organization.

**Signature** \_\_\_\_\_

**Date (Month/Date/Year):** \_\_\_\_\_

## **Legislative Fund Contribution**

*Contributing to the Legislative Fund is optional. If you would like to contribute please enter the amount you would like to donate below in the appropriate payment schedule.*

- One-Time Single Contribution**

Amount: \_\_\_\_\_ \$

- Recurring Quarterly Contribution**

Amount: \_\_\_\_\_ \$

- Recurring Monthly Contribution**

Amount: \_\_\_\_\_ \$

Submit completed membership applications to Member Services Manager Stephanie Bowen via email at [Stephanie.bowen@politics.org](mailto:Stephanie.bowen@politics.org) or by fax at 404-249-8831. To pay with a credit card over the phone, call 678-222-4223. Mail checks to:

**Attn: Stephanie Bowen  
American Academy of Anesthesiologist Assistants  
1231-J Collier Rd. NW  
Atlanta, GA 30318**

*For more information, contact Stephanie Bowen, Member Services Manager, at [Stephanie.bowen@politics.org](mailto:Stephanie.bowen@politics.org) or 678-222-4224.*