

## American Academy of Anesthesiologist Assistants State Academy Application

Please send the following list of required documents to AAAA Associate Director Felicia Kenan at [felicia.kenan@politics.org](mailto:felicia.kenan@politics.org) or by fax at 404-249-8831. If your state academy has not yet created these documents, please contact AAAA Executive Director Jet Toney at [jet.toney@politics.org](mailto:jet.toney@politics.org):

1. State Academy Application
2. Notarized copy of the state academy's Articles of Incorporation/Organization
3. Copy of the IRS approval of tax exempt status, if granted [e.g., 501(c)6, 501(c)3, or 501(c)4]
4. Copy of the state academy's bylaws with attestation by the academy secretary that the information is true and accurate
5. List of current officers with contact information for each officer, preferably as an Excel document
6. List of members of the academy with contact information, preferably as an Excel document

State academy name: \_\_\_\_\_

Primary contact: \_\_\_\_\_

Primary contact's position in the academy: \_\_\_\_\_

Preferred email: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_

Preferred mailing address: \_\_\_\_\_

\_\_\_\_\_

Secondary contact: \_\_\_\_\_

Secondary contact's position in the academy: \_\_\_\_\_

Secondary contact's preferred email: \_\_\_\_\_

Secondary contact's preferred phone number:

\_\_\_\_\_

Website URL (if applicable):

\_\_\_\_\_

Social media handles (if applicable):

LinkedIn \_\_\_\_\_

Twitter \_\_\_\_\_

Facebook \_\_\_\_\_

Instagram \_\_\_\_\_

Other \_\_\_\_\_

Number of state academy members: \_\_\_\_\_

Number of AAs practicing in the state (approximate): \_\_\_\_\_

The AAAA® is offering a new unified billing service through which members can pay both state academy dues and AAAA® annual dues in the same payment. Is the state academy interested in this service?

Yes

No

Help the AAAA® better serve the state academies. Outline the type of support the state academy would like to receive from the AAAA®:

**Declaration of Intent**

On behalf of the \_\_\_\_\_, I, \_\_\_\_\_, the president  
*(Name of organization)* *(Name)*  
of said organization, agree to abide by the laws, principals, purposes, mission, and guidelines of the American Academy of Anesthesiologist Assistants (AAAA®), and further agree to submit an annual report to the AAAA Governance Committee Chair.

Signature: \_\_\_\_\_  
*(President of organization)*