



AMERICAN ACADEMY OF ANESTHESIOLOGIST ASSISTANTS

1231 Collier Rd NW Suite J • Atlanta, GA 30318 • Phone: 678-222-4233 • Fax:
404-249-8831 www.anesthetist.org • info@anesthetist.org

Fellow Membership Application

PLEASE PRINT OR TYPE

Full Name + Degrees/Credentials: _____ Birthdate: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Cell: () _____

Fax: () _____ Primary E-Mail: _____

Member's Only Access Information*:

Username: _____ Password: _____

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

I do not wish to have any of my information released outside of the AAAA office without my permission.

EDUCATION/CERTIFICATION

AA Program Attended (if applicable): _____

School Information/Program: _____

Month/Year Graduated: _____/_____ Certified AA (CAA): Yes No

EMPLOYER INFORMATION

Hospital Affiliation & Anesthesia Group: _____

Address: _____ City: _____ State: _____ Zip: _____

Work E-Mail: _____ Job Title: _____

Work Phone: _____ Work Fax: _____

States of Interest (List all that apply):

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

- Annual Meeting Membership Practice Communication/News
- Federal Affairs Student Affairs State Affairs Education

Do you currently work with AA students?

Yes No

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

Yes No

PAYMENT INFORMATION (Fellow membership dues: \$400/year)

I'd like to make a Legislative Fund contribution (Optional) \$ _____

- Single Payment Reoccurring Quarterly Contribution Recurring Monthly Contribution

TOTAL PAID:

Check enclosed MasterCard VISA AMEX \$ _____

Name on Card: _____ Card #: _____

Expiration Date: _____ Signature: _____

Please send your completed application and check, payable to AAAA, to:

AAAA • Attention: Stephanie Bowen • 1231 Collier Rd. NW, Ste J • Atlanta, GA 30318

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: _____

<p>Referred by: _____</p> <p>_____</p> <p>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.</p>
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