



AMERICAN ACADEMY OF ANESTHESIOLOGIST ASSISTANTS

2209 Dickens Road • Richmond, VA 23230-2005 • Phone: 888-443-6353 • Fax: 804-282-0090
www.anesthetist.org • AAAA@societyhq.com

Membership Application

PLEASE PRINT OR TYPE

Please Check One Member Type:

Fellow (\$400/year)
Certified AAs

Associate (\$350/year)
Graduated students, not certified

Physician Affiliate (\$150/year)

Student (\$100)*

Full Name: _____ Birth Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

Home Fax: () _____ Primary E-Mail: _____

AA Program Attended: _____ Month/Year of Graduation: _____

Certified AA-C? Yes No Other Credentials Earned (i.e. RRT, RN): _____

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

EMPLOYER INFORMATION

Hospital Affiliation & Anesthesia Group: _____

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

Work E-Mail: _____ Job Title: _____

Work Phone: _____ Work Fax: _____

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

Annual Meeting

Membership

Website

Communication

National Affairs

Student Affairs

Newsletter

Education

STUDENT SECTION

Permanent Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Graduation Date: _____

* Student dues are \$100 for the entire term of matriculation at the AA program in which the student is enrolled.

I'd like to make a Legislative Fund contribution (Optional) \$200 or \$ _____

TOTAL PAID: \$ _____

Check enclosed

MasterCard

VISA

AMEX

Discover

Name on Card: _____ Card #: _____

Expiration Date: _____ Signature: _____

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

AAAA • 2209 Dickens Road • Richmond, VA 23230-2005

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.

Referred by:

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.

Signature: _____ Date: _____