



# Pan American Allergy Society

## APPLICATION FOR AFFILIATE MEMBERSHIP

(PH.D., P.A., R.N., L.V.N., C.N.P., A.T., M.T., Etc.)

Please complete this form and return with annual membership dues of \$200 to: Pan American Allergy Society, 1317 Wooded Knoll, San Antonio, TX 78258

(Please print)

Name \_\_\_\_\_ Degree(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Certification(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (Street)  
(Home) \_\_\_\_\_ (City, State, Zip)

Telephone at Mailing Address: (\_\_\_\_) \_\_\_\_\_

Current Employment: \_\_\_\_\_ (Physician)  
\_\_\_\_\_ (Street)  
\_\_\_\_\_ (City, State, Zip)

Telephone at Place of Employment: (\_\_\_\_) \_\_\_\_\_

IMPORTANT: Which address/phone number do you wish listed in the P.A.A.S. Membership Directory: Home \_\_\_\_\_ Office \_\_\_\_\_ (Office and physician will be listed unless otherwise indicated.)

Please check Methods of Testing and Treatment you practice:

**Inhalants:**

- Intradermal Serial Endpoint Titration (SET)
- Provocative Neutralization (P-N)
- Intradermal
- Sublingual
- In Vitro: type: \_\_\_\_\_
- Other: \_\_\_\_\_

**Foods:**

- Intradermal, P-N
- Sublingual, P-N
- Elimination Diet
- Oral Challenge Feeding Test
- Other \_\_\_\_\_

Have you completed a P.A.A.S. course in quantitative testing: Yes \_\_\_ No \_\_\_

Other associations in which you are a member: \_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

Signed \_\_\_\_\_

EXECUTIVE DIRECTOR

Ann Brey  
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FAX (210) 495-9852  
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ANNUAL MEETING  
2011: March 17-20  
San Antonio, TX