



Pan American Allergy Society

APPLICATION FOR MEMBERSHIP

Please complete this form and return with your check for \$400 representing current year's dues to: Pan American Allergy Society, 1317 Wooded Knoll, San Antonio, TX 78258

Name _____ Degree _____

Date of Birth ___/___/___ Place of Birth _____

Regular Membership: M.D. ___ D.O. ___

Business Address _____

City _____ State _____ Zip _____

Business Telephone (____) _____ Fax (____) _____

E-Mail _____

Specialty: _____

Board Certification By (A.A.F.P., A.A.P., etc.) _____

Methods of Testing and Treatment

INHALANTS:

- Intradermal Serial Endpoint Titration (SET)
- Provocation/Neutralization (P-N)
- Intradermal
- Sublingual
- In Vitro: type _____
- Other _____

FOODS:

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

Are you a member in good standing of your county medical association? ___ Yes ___ No

Provide information concerning the county medical association of which you are a member:

Name _____
Street _____ City _____ State _____ Zip _____

Have you completed a P.A.A.S. course in quantitative testing? ___ Yes ___ No

Please indicate membership in other allergy organizations:

- American Academy of Otolaryngic Allergy
- American Academy of Environmental Medicine
- Other _____

Dated this _____ day of _____, _____.

Signed _____