

THE AMERICAN ASSOCIATION OF IMMUNOLOGISTS

9650 ROCKVILLE PIKE • BETHESDA, MD 20814-3994

TEL: (301) 634-7195 • FAX: (301) 634-7733

FEDERAL TAX ID NO: 52-2317193

E-mail Address: members@aai.org • Website Address: <http://www.aai.org>



QUALIFICATIONS AND APPLICATION FOR REGULAR MEMBERSHIP 2006 MEMBERSHIP YEAR

The American Association of Immunologists (AAI) is a professional organization whose members have a strong interest in, and have made substantial contributions to, the science of immunology. AAI is a member of the Federation of American Societies for Experimental Biology (FASEB) and is responsible for the publication of *The Journal of Immunology*. To be eligible for election to membership in the AAI, a candidate must meet **one** of the following criteria:

1. Possess a Ph.D., (or equivalent graduate degree, *e.g.*, D.Sc.) in immunology or related disciplines, or an M.D. (or equivalent medical degree, *e.g.*, D.D.S.) and be the **first** author of **one** significant original publication on an immunological topic in a reputable, English language refereed journal. Manuscripts "in press" are acceptable when accompanied by a letter from the publisher or Editor-In-Chief of the journal affirming its acceptance and imminent publication. Abstracts and unpublished papers **will not** be considered in evaluating whether a candidate meets the publications requirement for membership. *
2. Be an established scientist with substantial achievement in a related discipline and have at least one collaborative paper on an immunological topic in a reputable, English language refereed journal.

** These requirements may be waived under exceptional circumstances if a candidate shows evidence of other appropriate training and/or substantial research accomplishment.*

THIS APPLICATION PACKAGE MUST INCLUDE:

1. Three copies of your bibliography and curriculum vitae.
2. Three copies of a first author publication that meets the described criteria.
3. The name and signature of an active AAI member as your reference.

NAME: _____
DEGREE (YEAR) & INSTITUTION: _____
PUBLICATION: _____
CURRENT TITLE/ POSITION: _____
ADDRESS: _____
STREET: _____
CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____
E-MAIL ADDRESS: _____
PHONE NO: (_____) _____ FAX NO: (_____) _____
RESEARCH SPECIALTY: _____

REFERENCE:

NAME OF AAI MEMBER (*please print clearly*): _____
SIGNATURE OF AAI MEMBER: _____

Applications should be mailed to the AAI office and marked to the attention of the AAI Membership Department. Please **DO NOT** send payment with your application. You will be invoiced upon approval.

Application Review Deadlines:

Applications are to be received in the AAI office by:	March 31	June 30
	September 30	December 31

2006 Dues Rates: January 1 - December 31: U.S. - \$260.00 Canadian - \$358.75 International - \$350.00

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2006 TRAINEE MEMBERSHIP APPLICATION FORM

Name: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Qualified applicants must complete the information below and return this form with the required payment. Trainee members will receive a subscription to *The Journal of Immunology* and the *AAI Newsletter*. Trainee members will also have the privilege of attending and participating (without vote) in the AAI Annual Business Meeting. In addition, they will receive all AAI announcements and correspondence. Checks are to be made payable to AAI. All checks must be in U.S. dollars drawn on a U.S. bank and International money orders are accepted.

Individuals may remain Trainee members for a maximum of eight (8) years. Certification **must** be renewed annually.

SECTION 1 -- APPLICANT INFORMATION

- ☐ I am a **Pre**-doctoral Trainee -- I expect to receive the _____ (advanced degree) in _____ (mo/yr)
- ☐ I am a **Post**-doctoral Trainee -- I hold the following advanced degree(s) (please indicate all advanced degrees held and the month and year conferred): _____

SECTION 2 -- CERTIFICATION OF APPLICANT'S TRAINEE STATUS

(to be completed by current AAI member)

As a current member of the AAI, I hereby certify that the applicant identified above is either a regularly matriculated pre-doctoral student or a post-doctoral trainee and, as such, is eligible to remain a Trainee Member of the AAI.

Current AAI Member's Name (First, MI, Last): _____

Signature: _____

Title (Dean, Dept. Chair, or Professor in Charge): _____

AAI Member Number: _____ Date: _____

SECTION 3 -- APPLICANT PLEDGE AND PAYMENT

I _____, pledge that the copies of *The Journal of Immunology* purchased by me at the special subscription rate to Trainee Members are for my personal use. They will not be placed in a library for general use, sold, or replace a subscription currently purchased by an institution. I also agree that my on-line access to *The JI* will not be shared with others.

JANUARY 1 - DECEMBER 31, 2006

U.S. Member
☐ \$64.00

Canadian Member
☐ \$156.25 (7% GST Incl.)

International Member
☐ \$154.00

☐ CHECK ENCLOSED

☐ VISA

☐ MASTERCARD

☐ AMERICAN EXPRESS

CARD NUMBER: _____ EXPIRATION DATE: _____

SIGNATURE: _____



***Save the Date!!
AAI Stand-Alone
Annual Meeting***

IMMUNOLOGY

2 ♦ 0 ♦ 0 ♦ 7



May 18 - 22, 2007
Miami Beach Convention Center
Miami Beach, Florida

For further information:

The American Association of Immunologists
9650 Rockville Pike ♦ Bethesda, MD 20814 ♦ 301-634-7178 ♦ www.aai.org