



# Pan American Allergy Society

## APPLICATION FOR MEMBERSHIP

Please complete this form and return with your check for \$350 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 \_\_\_\_\_

EXECUTIVE DIRECTOR

Ann Brey

1317 Wooded Knoll

San Antonio, TX 78258

(210) 495-9853

FAX (210) 495-9852

panamallergy@sbcglobal.net