APPLICATION FOR MEMBERSHIP

1215 Anthony Avenue
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www.asthmaeducators.org

AAE MISSION STATEMENT

The Association of Asthma Educators is the premier inter-professional organization striving for excellence to raise the competency of diverse individuals who educate patients and families living with asthma.

AAE VISION STATEMENT

- AAE is the premier provider of evidence-based asthma education.
- AAE advocates for patients with asthma and their families.
- AAE advocates for underserved and minority populations, and addresses disparities in asthma outcomes.
- AAE improves asthma management and education outcomes.

**Only list Organization if this is where you will receive information.*

Name _____ Credentials _____

Additional certifications or designations _____

*Organization _____

Current Position/Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Membership Type

- ❑ **Please check here if you DO NOT wish your name to be released to organizations requesting a list of our members.**
- ❑ **Individual Membership – Open to Licensed Health Care Professionals. Application/annual membership fee: $80**
- ❑ **Associate Membership – Open to Affiliated Health Care Professionals (Non-Licensed). Application/annual membership fee: $60**
- ❑ **Student Membership – Application/annual membership fee: $50** *(Proof of current enrollment required.)*

Total Enclosed/Charged $: _____

Method of Payment:

❑ **Credit Card:** ❑ Visa ❑ MasterCard ❑ American Express

Credit Card #: _____ Exp Date: _____ Card Security Code # _____

Signature: _____

Date: _____

Name as it appears on card: _____

Billing Address (if different from above): _____

City/State/Zip: _____

How did you hear about AAE?

❑ Colleague
❑ AAE National Asthma Educator Certification Review Course
❑ Other Allied Health Conference
❑ Web Search

Please indicate which committee you would be interested in serving on:

❑ Operations ❑ Education ❑ Strategic Planning
❑ Finance ❑ Public Relations