

Anesthesiologist Assistant Information

Name: _____ Date: _____
(Full Legal Name)

Date of Birth: _____ Gender: Male Female

Home Address: _____ Is this your primary address: Yes No

City: _____ State: _____ ZIP: _____ Country: _____

Business Address: _____ Is this your primary address: Yes No

Company Name: _____ Department: _____

City: _____ State: _____ ZIP: _____ Country: _____

*Email: _____ Do Not Display

*Tel: _____ Do Not Display *Fax: _____ Do Not Display

** Unless indicated in the "Do Not Display" box, this information will be included in your online directory listing that can be viewed by other ASA members.*

Please select: CAA

Training Program: _____

Certification: _____ Date Certified: _____

Current Appointment: _____ Suite No: _____

Licensed to practice in: _____ Licensed to practice in: _____
(State and Date) (State and Date)

American Academy of Anesthesiologist Assistants (AAAA) Member Number: _____
(Required)

I agree with the "Guidelines for the Ethical Practice of Anesthesiology" and subscribe to the "Anesthesia Care Team" statement, as provided with this application.

Applicant's Signature: _____ **Date:** _____

Payment Method

Note: Dues must accompany application. Membership is based on a calendar year running from January 1-December 31. Please pay only the amount indicated based on the date of your application. Dues payments are not refundable.

\$210 Annual Dues \$105 After July 31

CAAs practicing in Wisconsin: You have the option to join the Wisconsin Society of Anesthesiologists Anesthesiologist Assistant Category. Please make a selection:

\$50 Annual Dues \$25 After July 31 I do not wish to join the WSA

American Express MasterCard VISA Check *(Payable to American Society of Anesthesiologists)*

If paying by credit card, your card will be charged upon approval of your application.

Total Amount: _____ Name on Card: _____

Credit Card Number: _____ Expiration Date: _____ Card ID: _____

Signature: _____