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 www.newenglandsocietyofallergy.org

**MEMBERSHIP APPLICATION**

Please email completed application, curriculum vitae, copies of state license, and board certification to:

**Michelle Maciag, MD – Acting NESA Secretary**

Michelle.maciag@gmail.com

Applicant's Name (Please print):

DOB:

Office Address:

Email:

Phone:

Fax:

Degrees & Institutions conferring (with dates):

Internship, Residency & Fellowship (Name of Institutions & Dates):

Type of Practice: Solo/Group/Hospital-based/Other:

Hospital Affiliation/Teaching Appointments:

Membership in Professional Societies:

American Board of Allergy & Immunology: Eligible\_\_\_\_ Certified\_\_\_\_ Date:

Please list two members of NESA who will send letters of recommendation to Michelle Maciag, MD

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please let us know if you have any interest in getting more involved in the New England Allergy Society

leadership positions are an excellent way to get to know more allergists in the area. Come find any officer on the website to discuss.

\_\_\_\_\_yes \_\_\_\_\_\_\_no \_\_\_\_\_\_\_maybe

 Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_