



APPLICATION FOR AAAC MEMBERSHIP

Note: Each department will pay dues (\$825) only once to the Society of Academic Associations of Anesthesiology and Perioperative Medicine (SAAAPM). We will contact you for payment, if necessary.

If you are the Chair, complete this membership application for AAAC.

Qualifications for Membership: AAAC membership shall ordinarily be limited to a physician who is a certified specialist in anesthesiology. This physician must be either the administrative head of a Department or Division of Anesthesiology in an LCME-approved or provisionally approved Medical School in the United States or the Chair of a department that has an ACGME approved core residency program in anesthesiology.

Name: _____

Title: _____

Institution: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Fax: _____

Email: _____

ASA Membership Number*: _____ ACGME# _____

*AAAC members also shall be active members in good standing of the American Society of Anesthesiologists (ASA) and shall continuously meet the requirements of membership in ASA as set forth in the ASA Bylaws.

Associate Membership for AACPD and AASPD

As the Department Chair and AAAC member, you may sponsor Associate Memberships of the AACPD and AASPD if he/she is a physician anesthesiologist with significant roles in anesthesiology education and is otherwise ineligible for membership within SAAAPM. Please contact the SAAAPM Office for more information.

Please send your application to:
SAAAPM

6737 West Washington Street, Suite 4210 • Milwaukee, WI 53214
Phone: (414) 389-8619 • E-Mail: info@saaapm.org