



6701 Baum Drive, Suite 140, Knoxville, TN 37919
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MEMBERSHIP APPLICATION

(Please Print or Type)

NAME _____ MD NP PA OTHER

GROUP PRACTICE NAME _____

PRIMARY OFFICE _____ SUITE # _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

I WANT MY MAIL SENT TO: OFFICE HOME

ADDRESS: _____

MEMBERSHIPS: TMA AMA ACAAI AAAAI OTHER _____

UNDERGRADUATE DEGREE
SCHOOL _____ YEAR _____

MEDICAL DEGREE
SCHOOL _____ YEAR _____

RESIDENCIES _____ YEAR _____

BOARD CERTIFICATION
BOARD _____ DATE _____

BOARD _____ DATE _____

**Please send completed application, curriculum vitae/resumé, and application fee of \$100.00 to:
TSAAI, Attn. Reba Green, 6701 Baum Drive, Suite 140, Knoxville, TN 37919
Allergy and Asthma Proceedings Journal will be sent to all members.**

Questions? Contact Reba Green at rgreen@tsaai.org.