The American Association of Immunologists
Trainee Certification Form

To qualify as a trainee, please submit this form upon payment (of membership dues or event registration).
See bottom of form for submission instructions.*

Please print legibly or type.

AAI User ID (also AAI Member Number, if a member): _____

AAI Trainee Member Paid for Current Year ☐ Yes ☐ No

Trainee Full Name: _____
First Middle Last

Mailing Address: _____

_____

_____

_____

_____

Trainee Status (check one): ☐ Student (Pre doctoral) - Degree and Year Expected: _____

☐ Post doctoral - Degree and Year Received: _____

Advisor/Department Chair Certification of Applicant's Trainee Status

I hereby certify that the Trainee named above is a registered student or postdoctoral fellow engaged in a research training program, clinical fellowship, or residency program.

_____
Name of Advisor/Department Chair

Advisor Signature: _____ Date: _____

If an AAI member, Advisor AAI User ID / Member Number: _____

Advisor Institutional E-mail Address: _____

*To submit, upload a PDF of this signed form directly to your AAI user / member profile: At www.aai.org, click on 'Update Your AAI Member or Non-Member Profile' in the upper right, log in, and then click on 'Upload Trainee Certification' under Account Services.