



THE AMERICAN ASSOCIATION OF  
IMMUNOLOGISTS

## Application for Transfer from Active (Regular) to Emeritus Membership

I hereby request that AAI change my membership status from that of a Regular Member in good standing of The American Association of Immunologists to that of an Emeritus Member of the Association. I confirm that I am fully retired from professional employment in the area of immunology or a related field, age 62 or more on the date of application, and have been a Regular AAI member for the most recent five years.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date of Retirement

\_\_\_\_\_  
Member Number (UserID) if known

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
**Signature** *(Sign or type name - by typing your name here and submitting this application to AAI, you are certifying that all of the information given on this form is true and correct.)*