



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.*)

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