The American Association of Immunologists Trainee Certification Form (TCF)

To qualify as a trainee, please submit this form upon payment (of membership dues or event registration).

A new completed form is required each year.

See bottom of form for submission instructions.*

Please print legibly or type.

AAI Trainee Member Paid for Current Y	ear o Yes	o No	
Trainee Full Name:			
First	Middle	Last	
Mailing Address:			
Trainee Status (check one): o Stud	lent (Pre doctoral) - Degi	ree and Year Expected:	
o Pos	t doctoral - Degree and '	Year Received:	_
Advisor/Departn	nent Chair Certification	of Applicant's Trainee Status	
I hereby certify that the Trainee name research training program, clinical fe		d student or postdoctoral fellow engag	jed in a
research training program, clinicarie	nowship, or residency	program.	
Name of Advisor/Department Chair			
Advisor Signature:		Date:	
If an AAI member Advisor AAI IIser ID	/ Member Number:		

^{*}To submit, upload a PDF of this signed form directly to your AAI profile. Go to: www.aai.org, select 'Login/Renew' in the upper right, log in, and then select on 'Upload Trainee Certification' under Account Services.