



Membership Form

**AMERICAN ASSOCIATION
FOR BRONCHOLOGY AND
INTERVENTIONAL PULMONOLOGY**

Join online at www.aabronchology.org

We respect your right to privacy.

Upcoming enhancements to the AABIP website will include secure, member-only access to our membership roster. Please place a checkmark in the box below if you do not wish to have your member information (name, address, contact info) included on the website.

- DO NOT include my name, address, contact information in the AABIP website membership roster.**

Occasionally we receive requests for our membership roster from meeting planners or industry-related corporations. The Executive Committee reviews all requests for appropriateness. Please place a checkmark in the box below if you do not wish to have your member information released for mailing list requests.

- DO NOT release my name, address, or contact information to any individual, institution, or corporation requesting the AABIP mailing list.**

Other Professional Memberships (check all that apply)

- (A) Japan Society for Bronchology
 (B) American College of Chest Physicians
 (C) American Thoracic Society
 (D) American College of Physicians
 (E) European Respiratory Society
 (F) Asociación Sudamericana de Broncología
 (G) Asociación Española de Endoscopia Respiratoria
 (H) Other _____

Principle Areas of Interest & Expertise (check only three)

- (I) Interventional Bronchoscopy
 (J) Pleural diseases and Thoracoscopy
 (K) Lung Cancer Staging and Detection
 (L) Ultrasonography
 (M) Laser Tissue Interactions and Laser Physics
 (N) Medical and Patient Education
 (O) Virtual Reality and Computer Simulation
 (P) Database Design and Analysis
 (Q) Ethics and End of Life Issues
 (R) Medical Economics
 (S) Evidence-based medicine and Outcome Analysis
 (T) Health Care Technology Assessment
 (U) Other _____

Updated Member Information (please print)

Date _____

First Name _____ Last Name _____ Degree _____

Institution, organization or company _____

Specialty _____

Address _____ Suite _____

City _____ State _____ Zip code _____ Country _____

E-mail address _____

Daytime Phone _____

Daytime Fax Number _____

Membership type (choose one below).

NEW MEMBER RENEWAL

- AABIP only\$150.00
 AABIP Affiliate\$80.00
(non-physician healthcare professional)
 AABIP Trainee\$80.00
(a trainee verification letter from your supervisor is required with this form)

Method of Payment

- Visa Mastercard check (enclosed)

Account Number _____

Name on Card _____ Exp. Date _____

Cardholder Signature _____

**Make checks payable: American Association For Bronchology
 Mail or fax this form (and verification letter if warranted) to:
 American Association for Bronchology & Interventional Pulmonology
 9500 Euclid Avenue - Desk A90
 Cleveland, OH 44195 USA
 Fax: 216/636-3137**