



## RECOMMENDATION STATEMENT

I, \_\_\_\_\_, being a Fellow/Specialty Fellow in good standing of the American Academy of Pediatrics, would like to recommend the following applicant for membership.

Applicant's name:

\_\_\_\_\_

City and State/Province:

\_\_\_\_\_

To the best of my knowledge, the applicant meets the qualifications for Section Membership or Section Affiliate Membership as stated in the AAP Bylaws. I have known the applicant for \_\_\_\_\_ (years) in the following relationship:

\_\_\_\_\_  
*(teacher/colleague/partner, etc.)*

Comments regarding applicant's qualifications and activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_ AAP ID# \_\_\_\_\_

This form should be mailed or faxed to the following address:

AAP, Membership and Data Services  
Attn: Kate Price  
345 Park Blvd  
Itasca, IL 60134  
(f): 847. 228.7035  
(p): 866.843.2271