

ASAPS Enrollment Form



The American Society for
Aesthetic Plastic Surgery, Inc.

CHECK ONE:

- Enroll me as an ASAPS Candidate (U.S. and Canada)**
 Enroll me as an International Candidate (formerly International Corresponding Participant) (outside U.S. and Canada)

Name _____ Date _____

Office Address _____

City, State, Zip, Country _____

Phone (country/city codes) _____ Fax (country/city codes) _____

Home Address _____

City, State, Zip, Country _____

Phone (country/city codes) _____ Spouse _____

E-mail address _____

Place and date of birth _____ Citizenship _____

Gender: Male Female

SURGICAL RESIDENCIES (include dates, locations and names of Program Directors):

Date of Graduation from Plastic Surgery Residency Program: _____

BOARD CERTIFIED BY: _____

Date(s): _____ Certificate #(s): _____

(or, I am Board Admissible and the REQUIRED copy of my ABPS confirmation letter is attached)

Year(s) attended American Society for Aesthetic Plastic Surgery annual meeting(s): _____

PLASTIC SURGERY SOCIETY MEMBERSHIPS

(International surgeons may list ISAPS, ASPS, National Society of IPRAS, etc and **must provide written verification of membership.**)

PAYMENT

My \$200 Annual Fee, Check/Bank Draft in US Dollars # _____ Dated _____ is enclosed.

Or, you may fax this form and pay by credit card. VISA MasterCard American Express

Credit card number _____ Expiration Date _____

Name appearing on credit card _____

Signature: _____ Date: _____

ASAPS CENTRAL OFFICE:

11081 Winners Circle, Los Alamitos, CA 90720
Web site: www.surgery.org • E-mail: asaps@surgery.org
Telephone: (562) 799-2356 • Fax: (562) 799-1098

Contact Release—I understand that by providing my fax number and/or email address, I hereby authorize the American Society for Aesthetic Plastic Surgery (ASAPS) and the Aesthetic Surgery Education & Research Foundation (ASERF) to contact me via these methods.