



AMERICAN SOCIETY OF  
PLASTIC SURGEONS

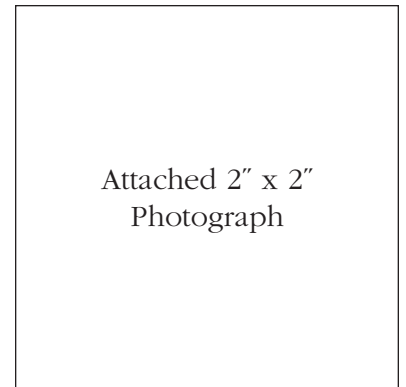
## *Membership Advantage*

# AMERICAN SOCIETY OF PLASTIC SURGEONS®

## *Application for International Membership*

International Membership is open to qualified plastic surgeons who reside and practice in a country other than the United States or Canada. International Membership is an honor and is granted only to those plastic surgeons who have achieved professional distinction in their home country.

*\*The following information must be submitted in English.*



Name: \_\_\_\_\_  
*(Please Type or Print)*

Office Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse First Name: \_\_\_\_\_

Tel No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Public Email: \_\_\_\_\_

Private Email: \_\_\_\_\_

Tel No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*(Month/Day/Year)*

Years in Practice: \_\_\_\_\_

Pre-Medical Education: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Medical School: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Internship: \_\_\_\_\_ Dates: \_\_\_\_\_

Residencies:

General Surgery: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

Plastic Surgery: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

Other: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

Board Certification:

Plastic Surgery: \_\_\_\_\_ Dates: \_\_\_\_\_

Other: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

Military Experience: \_\_\_\_\_ Begin Dates: \_\_\_\_\_

\_\_\_\_\_ End Date: \_\_\_\_\_

Teaching Appointments (present): \_\_\_\_\_

Hospital Appointments (present): \_\_\_\_\_

Medical Society Membership (present): \_\_\_\_\_

Other: \_\_\_\_\_

Other Training, Research, Teaching, etc.:

Special Awards or Recognition (any field):

While an Applicant for International Membership and if elected to membership in the American Society of Plastic Surgeons®, I agree to abide by the Society's Bylaws and Codes of Ethics, I understand and agree that membership in the American Society of Plastic Surgeons® is a privilege and not a right, and that as an applicant for membership, I have the responsibility for supplying to the American Society of Plastic Surgeons information adequate for a proper evaluation by the Society of my fitness for membership.

I therefore submit to the Society this application and the Authorization to Release Information.

Please return with \$125 (U.S. Dollars) application fee to:

Membership Services  
American Society of Plastic Surgeons  
444 East Algonquin Road  
Arlington Heights, IL 60005-4664

\_\_\_\_\_  
Signature

# AMERICAN SOCIETY OF PLASTIC SURGEONS®

## *Authorization to Release Information*

In furtherance of my application for membership in the American Society of Plastic Surgeons (the "Society"), I hereby request and authorize any hospital, any medical staff, any medical organization, and any person who may have information (including medical records, patient records and reports of committees) that they deem relevant to my fitness for membership to provide such information to the Society. I further authorize the Society to provide any information it receives in connection with my application for membership in the Society to a state or county licensing authority, a state or county medical association, or an accrediting body provided I have authorized the licensing authority, medical association, or accrediting body to obtain such information.

The Society shall not be liable for acts performed in connection with the collection, evaluation, or dissemination of information or opinions, whether or not requested or solicited, in connection with my application for membership in the Society. I shall not demand, through any judicial process, access to any information accumulated or prepared by the Society in considering my application for membership.

---

Signature

---

Name

---

Date