

Membership Application

Please choose a Membership Class. (Definitions of each class on next page)

- Active Membership
- Sustaining Membership
- Guest Membership
- Past President Membership

First Name _____ Last Name _____
 E-Mail _____
 Employer (Dr/Drs.) _____ Employer ASPS I.D. # _____
 Employer Address _____
 City _____ State _____ Zip _____ Country _____
 Office Phone _____ Office Fax _____
 Office Web Address _____ Office Email Address _____

Your Title (Check one category that BEST describes your main position in the practice):

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Administrator/Manager | <input type="checkbox"/> CST/Surg Tech | <input type="checkbox"/> Aesthetician |
| <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Patient Coordinator | <input type="checkbox"/> RN/CMA/MA |
| <input type="checkbox"/> Front Desk/Receptionist | <input type="checkbox"/> Ins/Coding/Acct | |

ANNUAL DUES - \$195.00

Payable in US Funds

____ New Member ____ Renewal *If renewal, indicate Past Affiliation:* ____ APSA ____ PSAA/ASPSP

Indicate Method of Payment

(circle one)

Check (payable to ASPSP) **AMEX** **MC** **Visa** **Discover**

Card # _____ Exp. Date _____ Security Code _____
 Name as Shown on Card _____
 Billing Address _____
 City _____ State _____ Zip Code _____ Country _____

Signature _____ Please provide email address for confirmation of receipt of application and dues _____

If paying by credit card, you may fax a copy of completed form to: 847-228-7099. If paying by check, return this form with your check made payable to ASPSP and mail to:

American Society of Plastic Surgery Professionals
 444 East Algonquin Road
 Arlington Heights, IL
 60005-4664

DEFINITION OF MEMBERSHIP CLASSES:

Active Membership

- All Active Members shall be regularly employed by a board certified/board eligible plastic surgeon, in offices, clinics, university departments or related offices in the United States and Canada.
- All active members in good standing pay dues, are eligible to hold office, chair committees and vote.

Sustaining Membership

- Applies to anyone who has been an active member at least five consecutive years and has left the field of plastic surgery but has not gone into another field of employment.
- Sustaining members pay active member dues.
- They shall not vote, hold office, or chair a committee.

Guest Membership

- Guest Members may be conferred on a Plastic Surgery employee of a board certified/board eligible plastic surgeon, in offices, clinics, university departments or related offices who reside outside of the United States or Canada.
- The employer must be a corresponding member of the American Society of Plastic Surgeons, Inc. and/or the American Society for Aesthetic Plastic Surgery, Inc. or the equivalent of the American Board of Plastic Surgery in their country.
- Guest Members shall pay annual dues as determined by the Executive Board.
- They shall not vote, hold office, or chair a committee.

Past President Membership

- Shall be accorded to Past Presidents of APSA and PSAA/ASPSP.
- The list will be maintained on file with the Executive Director.
- Past Presidents of the Association shall not pay annual dues or fees and shall retain all Active membership privileges including the right to vote, hold office, chair committees and serve on committees.