



You're an ASPS Member, Isn't it Time Your Staff Became One Too?

Great news! Now they can by becoming an ASPS Affiliate for only \$130 a year!

Who Can Join?

- Nurses and physician assistants
- Research assistants
- Practice and office administrators and related staff
- Residency coordinators
- Surgical technologists/assistants and CRNAs

Applicants must be employed by a member of ASPS, subject to verification annually. The Affiliate category is a **non-physician** category.

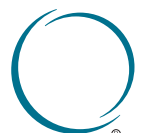
To learn more visit www.plasticsurgery.org.

ASPS Member Services Center
Phone: 1-800-766-4955 or 847-228-9900
Fax: 847-228-7099
Email: registration@plasticsurgery.org

**Subscription is Non-Transferable.*

Why become an ASPS Affiliate? Affiliates receive the following benefits:

- Being a part of ASPS, the largest plastic surgery specialty organization in the world
- 50% off ASPS Annual Meeting registration
- Digital subscription to *Plastic Surgery News*[®] and an optional subscription to *Plastic and Reconstructive Surgery*[®] Scientific Journal at a reduced fee
- Member pricing on ASPS/PSEF products and services as designated
- Online ASPS clinical education
- Affiliate category segment on the ASPS website and the Plastic Surgery Education Network (PSEN)



AMERICAN SOCIETY OF
PLASTIC SURGEONS



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PLASTIC SURGEONS

Apply On-site and Your Application Fee Will Be Waived!

**Become an ASPS Affiliate
for only \$130 a year!**

YES, I want to become an ASPS Affiliate

- I have enclosed a payment of \$130 to cover ONE (1) year of dues
- I have enclosed my \$25 Application Fee
- I would also like to receive the *Plastic & Reconstructive Surgery* Journal for **\$175.00**

NAME (Please Print)

GENDER Male Female

JOB TITLE

MAILING ADDRESS

CITY

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STATE

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ZIP

TELEPHONE NUMBER

FAX NUMBER

EMAIL

ASPS Member Physician

ASPS MEMBER ID#

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TELEPHONE NUMBER (Employer)

FAX NUMBER (Employer)

To be signed by your ASPS Member Physician:

I certify that the above-named applicant is of high moral, ethical and professional competence and is employed by or works directly with an ASPS Member Physician.

SIGNATURE - ASPS MEMBER PHYSICIAN

DATE

Method of Payment:

- Check (Payable to ASPS)
- Money Order (U.S. Funds)
- VISA®
- MasterCard®
- AMEX®

NAME OF CARDHOLDER

ACCOUNT NUMBER

AUTHORIZED SIGNATURE

EXPIRATION DATE

SECURITY CODE

Please retain a copy for your records.

Return form, check/credit card information to:

ASPS Member Services Center

444 E. Algonquin Road | Arlington Heights, IL 60005-4664 | 800-766-4955

Or submit application (credit card only) by fax to: 847-228-7099

**Membership is non transferable*