



Membership Advantage

AMERICAN SOCIETY OF PLASTIC SURGEONS®

How to Become an International Member

If you have been actively engaged in the practice of plastic or reconstructive surgery for at least three (3) years and reside and practice in a country other than the United States or Canada you may be eligible to become an International Member of the American Society of Plastic Surgeons® (ASPS®).

STEP 1:

1. Complete the enclosed Application for International Membership.
2. Obtain a letter of sponsorship from one ASPS Active, Life or International Member. The letter must include a brief summary of your individual qualifications and activities.
3. Obtain a letter from the president, secretary or other authorized officer of the IPRAS national plastic surgery society in the country where you are practicing which attests to your membership in good standing.
4. Compile a list of any published articles or presentations given at plastic surgery meetings.
5. Submit the completed membership application, letter(s) of sponsorship, letter confirming your nation's plastic surgery society membership, list of published articles, a recent portrait-photograph, and the \$125 application fee (U.S. Dollars) to the ASPS Executive Office:

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

***All information must be submitted in English.*

STEP 2:

Once you have submitted all the requested materials, your application will be reviewed by the Membership Committee.

1. If you have been in practice less than three years, you will automatically become an International Candidate Member of ASPS following review of your application by the Membership Committee.
2. If you have been in active practice three years or more, you will be placed on the International Member preliminary ballot. The Membership Committee will recommend approval or disapproval to the Board of Directors. Election to International Membership shall be by a majority vote of the Board at a meeting at which a quorum is present.
3. All fees, dues or assessments must be paid before being elevated to International Candidate or International Member category.

AMERICAN SOCIETY OF PLASTIC SURGEONS®

International Membership Benefits

International Members receive the following benefits:

- Electronic subscription to *Plastic and Reconstructive Surgery*® Scientific Journal*
- Electronic subscription to *Plastic Surgery News*®
- Member prices on ASPS programs, products and services
- Member prices on Patient-Education materials
- Listing in the online ASPS Member Roster
- Access to the Members Only section of the ASPS Website

International Candidates receive the following benefits:

- Electronic version of *Plastic Surgery News*®
- Member rates at symposia and annual meeting
- Discounted electronic subscription to *Plastic and Reconstructive Surgery*® Scientific Journal

If you have any questions about International Membership benefits or the membership process please contact:

ASPS Member Services Center
847-228-9900, ext. 471
memserv@plasticsurgery.org



*Print subscription available at an additional cost of \$225 annually.





AMERICAN SOCIETY OF
PLASTIC SURGEONS

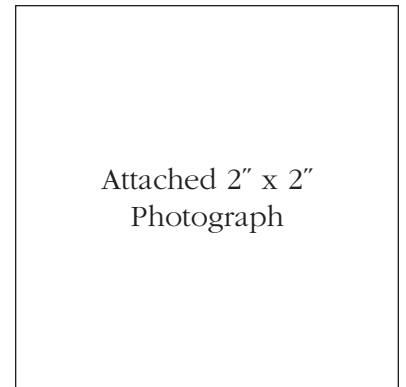
Membership Advantage

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