



AMERICAN SOCIETY OF  
PLASTIC SURGEONS

# Application\*

## ASPS MEDICAL STUDENTS FORUM

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MONTH/YEAR BEGAN TRAINING \_\_\_\_\_ MONTH/YEAR EXPECTED GRADUATION \_\_\_\_\_

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**\*A copy of your medical school identification or a letter of qualification must be submitted when applying for, or renewing your subscription.**

Email to: [membership@PlasticSurgery.org](mailto:membership@PlasticSurgery.org) or postal mail to ASPS Member Services, 444 E. Algonquin Road, Arlington Heights, IL 60005-4664 or send by FAX to 847-228-7099.