



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

## ASPS Affiliate - Application form

- \$134 to cover ONE (1) year of dues
- \$25 Application Fee
- Receive the *Plastic & Reconstructive Surgery* Journal for **\$175.00**

NAME (Please Print)

GENDER  Male  Female

JOB TITLE

MAILING ADDRESS

CITY

( )

STATE

( )

ZIP

TELEPHONE NUMBER

FAX NUMBER

EMAIL

ASPS Member Physician

( )

ASPS MEMBER ID#

( )

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

**\*Please retain a copy for your records.**

**\*Payment method will be sent after the application is submitted.**

Email application to: [membership@PlasticSurgery.org](mailto:membership@PlasticSurgery.org) or send by FAX to 847-228-7099.