



## Active Membership Application Information

If you are a plastic surgeon who is board certified or eligible to become certified by The American Board of Plastic Surgery or The Royal College of Physicians and Surgeons of Canada, you may be eligible to become an Active Member of the American Society of Plastic Surgeons (ASPS).

The first step in joining the American Society of Plastic Surgeons as an **Active Member** (domestic) is to become a **Candidate for Membership**. As a Candidate you will receive ASPS educational benefits immediately upon receipt of your application and payment of your Candidate dues. The annual Candidate dues are prorated based on the month you apply.

### Candidates receive the following educational benefits:

- Subscription to *Plastic and Reconstructive Surgery* (PRS) - the number one plastic surgery journal in the world
- Subscription to *Plastic Surgery News* (PSN), the most-read news publication in the specialty
- Subscription to ASPS Education Network (ASPS EdNet)
- Access to members-only resources on the ASPS website
- Discounted registration for meetings and symposia, including Plastic Surgery The Meeting
- May present papers and participate in discussions at Plastic Surgery The Meeting
- Member discounts on educational preparation services and instructional testing (In-Service)
- May serve on ASPS committees as appropriate



**A prerequisite for Active membership** is to serve one year as a Candidate and be board certified in plastic surgery. Once your completed application materials, including sponsor letters, are received and you have met all the Active Member requirements, you will be placed on the next available ballot to become an **Active Member**.

### As an Active Member you will also receive the following additional benefits:

- Use of the ASPS Member Logo
- Inclusion on ASPS's Find a Surgeon
- Access to information on PSF Grants Programs and scholarship programs
- Opportunity to serve on ASPS and PSF Committees
- Voting privileges and more!

**ASPS...Your essential partner in the practice of plastic surgery.**

## Application Process

All applicants must complete one year as a Candidate Member and achieve board certification, prior to being elevated to Active membership. Upon completion of one year as a Candidate and submission of all application materials and sponsor letters, applicants are placed on the ASPS ballot for Active membership.

1. Complete the attached application .....
2. Obtain and submit sponsor letter(s) from an Active or Life Member of ASPS or your Training Program Director  
**One** sponsor letter is needed when applying to be a candidate. A **second** sponsor letter from someone within the same geographic areas is required in order to be placed on the ballot for Active membership.....
3. Submit a copy of your letter of board admissibility if you are **within seven years** of satisfactorily completing your formal residency training or if **over seven years** of residency completion, submit the certificate from The American Board of Plastic Surgery® or The Royal College of Physicians and Surgeons of Canada®
4. Copy of your identification .....
5. Submit application fee and Candidate Dues: (U.S. Dollars) .....
6. Submit a CV and recent photograph.....

Submit the required materials shown above to:

### ASPS Member Services

American Society of Plastic Surgeons  
444 East Algonquin Road  
Arlington Heights, IL 60005-4664, USA  
Email: [Membership@PlasticSurgery.org](mailto:Membership@PlasticSurgery.org)  
FAX: 1-847-228-7099

## Application Review

Once all materials have been submitted, your application will be reviewed by the Membership Committee and, if approved, your application will be submitted to the Board of Directors for voting.

Candidate Membership fees are collected upon the date of application and candidate benefits are provided immediately. *Please note, a \$150 one-time application fee will also be collected when submitting your application.* Each November, candidates will receive dues notifications for the following year. Candidate dues are dependent on year of candidacy. These dues increase each year, as follows:

First year: \$456  
Second year: \$610  
Third year: \$672  
Fourth year: \$1,130

After completing one year of being a Candidate Member and becoming board certified, election to Active membership shall be by a majority vote, by the ASPS Board of Directors, at which a quorum is present. Voting to elect members is held four times per year: January, March, July and October.

You will be notified of your acceptance or denial. **Active membership fees are \$1,299 per year.** Upon acceptance of your membership, you will receive your ASPS membership certificate and all the other benefits awarded to Active Members.

If you have questions or need help with the membership process, please contact Member Services, Monday through Friday 8:30 am – 5:00 pm (CT).

Phone: 800-766-4955 or 847-228-9900 ext. 471

FAX: 1-847-228-7099

Email: [Membership@PlasticSurgery.org](mailto:Membership@PlasticSurgery.org)

## About the American Society of Plastic Surgeons:

ASPS's core values embody excellence in plastic surgery through education, research, intellectual exchange and promoting unity in the specialty of plastic surgery. As a vibrant society, ASPS provides its members with many educational, professional and personal benefits. Our mission is to advance the quality of care delivered to plastic surgery patients by encouraging the highest standards of training, ethics, physician practice management and research in plastic surgery.

The American Society of Plastic Surgeons (ASPS) is the largest plastic surgery specialty organization in the world. Founded in 1931, the Society is composed of more than 8,000 physician members.

## The Plastic Surgery Foundation: ASPS's Charitable Organization



THE PLASTIC SURGERY  
FOUNDATION™

The Plastic Surgery Foundation, the philanthropic arm of the ASPS is a world leader in research, championing initiatives that have a significant impact on clinical practice. The PSF also works to educate and cultivate the pipeline of surgeon scientists to assure that ASPS members will spearhead research and medical innovation now and for years to come.



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

## Active Membership Application

Promotional Code: \_\_\_\_\_

Date of Application: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
(JR., Sr. III, IV)

Date of Birth: \_\_\_\_\_

Medical

Degree(s): \_\_\_\_\_  
(MD, PhD, FACS, Professor)

### Office Address

Office Name: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Website Address: \_\_\_\_\_ Office Email: \_\_\_\_\_

Office Manager Name: \_\_\_\_\_ Office Manager Email: \_\_\_\_\_

### Home Address

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Personal Email: \_\_\_\_\_

**Plastic Surgery Training Information**

Number of Years in Practice: \_\_\_\_\_

Name of Medical School: \_\_\_\_\_ City/Province: \_\_\_\_\_

Other: \_\_\_\_\_

**Medical Residencies (Name of Institutions)**

General Surgery: \_\_\_\_\_ Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_

Plastic Surgery: \_\_\_\_\_ Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_

Training Program Director: \_\_\_\_\_

Fellowship: \_\_\_\_\_ Start Mo/Yr: \_\_\_\_\_ End Mo/Yr: \_\_\_\_\_

\_\_\_\_\_ Start Mo/Yr: \_\_\_\_\_ End Mo/Yr: \_\_\_\_\_

**Board Certification**

Plastic Surgery: \_\_\_\_\_ Date: \_\_\_\_\_

ABPS Certification Number (If applicable): \_\_\_\_\_

Current Hospital Appointments: \_\_\_\_\_

**Related Organizations and Service**

Military Experience: Active \_\_\_\_\_ Reserves \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Details: \_\_\_\_\_

Regional Plastic Surgery Society: \_\_\_\_\_

Medical Society Membership (present): AMA: \_\_\_\_\_ ACS: \_\_\_\_\_

Other Medical Society Membership: \_\_\_\_\_

Teaching Appointments (current): \_\_\_\_\_

\_\_\_\_\_

Hospital Appointments (current): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Training, Research, Teaching, Etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Awards or Recognition (any field): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Authorization to Release Information**

While an Applicant for Membership and if elected to membership in the American Society of Plastic Surgeons (ASPS or the Society), I agree to abide by the Society's Bylaws and Code of Ethics. I understand that membership in ASPS is a privilege and not a right. As an applicant for membership, I have the responsibility of providing information adequate for proper evaluation of my fitness for membership in ASPS.

In furtherance of my application for membership in ASPS, 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.

I have additional information that may be necessary for a proper evaluation of my fitness for membership by the Society (previous disciplinary actions, license revocations, etc.) and I will provide the necessary documentation, upon request.

I have no additional information to provide that would affect my fitness for membership with the Society.

The ASPS Bylaws can be found at [plasticsurgery.org/asps-bylaws](http://plasticsurgery.org/asps-bylaws)

The ASPS Code of Ethics can be found at [plasticsurgery.org/code-of-ethics](http://plasticsurgery.org/code-of-ethics)

**Name (Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit application, materials and fee to:**

ASPS Member Services

American Society of Plastic Surgeons

444 E. Algonquin Road

Arlington Heights, IL 60005-4664

Or email to: [membership@plasticsurgery.org](mailto:membership@plasticsurgery.org)

\*When an application for Active membership is received later than seven (7) years following completion of formal training, such application shall be considered only when accompanied by verification of certification by the appropriate certifying Board.