



Medical Students Forum Membership Application Information

As an introduction to the American Society of Plastic Surgeons, you are invited to join the **ASPS Medical Student Forum**.

The mission of ASPS 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.

ASPS core values embody excellence in plastic surgery through education, research, intellectual exchange and by promoting unity in the specialty of plastic surgery.

Membership in the Forum is open to:

Medical Students enrolled in an accredited medical school program.

As part of the ASPS Medical Students Forum, you will receive the following educational benefits:

- Digital subscription to *Plastic Surgery News*® (PSN), the most-read news publication of the specialty
- Access to the Members-only online resources including the *ASPS Education Network*® (*ASPS EdNet*)
- Discounted admission to the ASPS annual scientific meeting
- Optional subscription to *Plastic and Reconstructive Surgery*® (PRS) – the top plastic surgery journal in the world, at a reduced rate

ASPS Medical Student Forum Cost: \$50 per year



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Medical Students Forum Membership Application

(Please allow 1 week for subscription to begin)

FIRST NAME MIDDLE INITIAL LAST NAME DATE

MAILING ADDRESS

CITY STATE ZIP CODE

TELEPHONE CELL PHONE EMAIL

Gender (optional): Male Female

DATE OF BIRTH _____

MEDICAL SCHOOL PHONE

MONTH/YEAR BEGAN TRAINING

MONTH/YEAR EXPECTED GRADUATION

Payment method will be sent after the application is submitted.

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

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.

Name (Printed): _____

Signature: _____ **Date:** _____

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.

Please submit application and materials to:

ASPS Member Services

American Society of Plastic Surgeons

444 E. Algonquin Road

Arlington Heights, IL 60005-4664

Or email to: membership@plasticsurgery.org