

THE CALIFORNIA SOCIETY OF  
FACIAL PLASTIC SURGERY

## New Membership Application

No Membership fee for (Residents and Fellows)

**BASIC:** \$ 350.00

**LIFETIME MEMBERSHIP:** \$5,000.00 (comes with a sticky listing at the top of our [California Plastic Surgeon directory](http://www.csfps.org))

Please mail your payment to: CSFPS, 2400 Clay St., San Francisco, CA 94115 OR renew and submit payment online. If you are paying online, please go to our home page <http://www.csfps.org>. Click on the tab "Physicians". Then, select your choice of membership (located at the bottom of the page).

**Please Print:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Sponsors: Affiliation: (1) \_\_\_\_\_

State of California Medical License Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

(Please attach a photocopy of current license or a letter of explanation)

Pre Medical Education: (Name of College or University) \_\_\_\_\_

Name of Medical School: \_\_\_\_\_

Internships: Name and location of Institution: \_\_\_\_\_

Type of Services: ( ) Rotating ( ) Straight

Residencies or Fellowships:

Name and location of Institution: \_\_\_\_\_

Type of Services:  Department  General

Graduate Degree Obtained: \_\_\_\_\_

What do you consider your primary specialty?

Facial Plastic Surgery  Plastic Surgery  Dermatology  Dermatologic Surgery  Oculoplastic Surgery  Otolaryngology  Cosmetic Surgery  Other

If other, please list: \_\_\_\_\_

Expected Residency Graduation Date: \_\_\_\_\_

Member in good standing with the American Academy of Facial Plastic and Reconstructive Surgery?

Yes  No

Member in good standing with the California Medical Association?

Yes  No

Any Judgments or pending legal or other actions for unprofessional or negligent conduct?

Yes  No

Indicate Membership level of application:  Resident  Fellow  Full Member

Signature:

\_\_\_\_\_