

THE CALIFORNIA SOCIETY OF
FACIAL PLASTIC SURGERY

New Membership Application

Annual Membership: \$ 350.00

You can complete this application at www.csfps.org, or you can complete the information below and email it back with credit card payment information, or print this document, complete it with a check payable to CSFPS (California Society of Facial Plastic Surgery, c/o 25041 Woodridge, Lake Forest, CA 92630).

Name: _____ Address: _____

City: _____ State: _____ 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: _____

Credit Card Authorization:

Name on Card: _____

Name: _____

Address associated with billing: _____

City: _____ State: _____ Zip: _____

Type of card: MC Visa Amex

Credit Card Number: _____

Card Expires: ____ / ____ / ____ CVC Code: _____

Signature: _____