

THE CALIFORNIA SOCIETY OF FACIAL PLASTIC SURGERY

Member Renewal Form

Annual Membership: \$ 350.00

Dear Society Member,

On behalf of the CSFPS – California Society of Facial Plastic Surgery, thank you for your past and continued support.

Your renewal dues are very important and have a direct impact on our society. Each member's dues go towards paying for a listing on our website, as well as making available a discount for the ACLS training at our annual meeting. In addition, your dues also go towards paying for our delegate seat during the CMA annual legislative session. We would like to remind you that your renewal helps us keep our CMA membership status and delegate seat, which is more important at our State level than that of the National level.

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: _____
