



# The Plastic Surgery Research Council

## APPLICATION FOR RESIDENT MEMBERSHIP

*Please photocopy this form for additional copies as needed.*

*Please type all information*

Year of PSRC Meeting Attended: \_\_\_\_\_

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

Spouse: \_\_\_\_\_

Institution / Affiliation: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Office Telephone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### TRAINING PROGRAM:

Resident  Fellow Expected Residency completion date (Month/Year): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Program Director (please print name): \_\_\_\_\_

### ANNUAL DUES

**Please enclose an annual dues payment of \$25 US.**

Check payment type:

Visa  MasterCard  Check (payable on a US bank)

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Street address and zip code credit card statement is mailed to (for bank verification purposes):

### RESIDENT STATUS VERIFICATION

Please forward a letter from your Program Director verifying your resident status to us at the address below.

**Please send this form, the verification letter from your Program Director, and your \$25 annual dues payment to the Executive Office at:**

The Plastic Surgery Research Council

45 Lyme Road, Suite 304

Hanover, NH 03755 USA