



# Plastic Surgery Research Council

## APPLICATION FOR MEMBERSHIP

1. Application is for:  Active Membership  Associate Membership

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ASPS No.: \_\_\_\_\_

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

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

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

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

2. **PROFESSIONAL ACHIEVEMENTS** - Attach a Copy of your Curriculum Vitae

### 3. PLASTIC SURGERY RESEARCH COUNCIL MEMBER SPONSOR

Please indicate name of your Sponsor must be a current life or active member of the PSRC.

Sponsor: \_\_\_\_\_

### 4. MEETING ATTENDANCE

You must have attended a Plastic Surgery Research Council Meeting.

Meeting Location: \_\_\_\_\_ Year: \_\_\_\_\_

### 5. PAYMENT

First year's dues must be included with application.  Active dues: **\$225**  Associate dues: **\$175**

Visa  MasterCard  American Express  Check enclosed drawn on a US Bank (Payable to PSRC)

Number                Exp. Date \_\_\_\_\_ CVV2# \_\_\_\_\_

The CVV2 code for American Express - The four digit number located on the front of the card, just above the end of the main number.  
For VISA or MasterCard - The last three digits on the back of the card, in the white strip.

Name as it appears on card (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Street address where you receive your statement (for bank required verification purposes)

### 6. CERTIFICATION

I certify that all I have written in this application is true. I agree that, if admitted, I will abide by the Bylaws of the Plastic Surgery Research Council.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

7. Please send completed application materials to the attention of:

Membership Services Coordinator

Plastic Surgery Research Council

45 Lyme Road, Suite 304 • Hanover, NH 03755 USA

T: 1-603-643-2325 • F: 1-603-643-1444 • Email: psrc@conmx.net