



AMERICAN
SOCIETY
OF
COSMETIC
LASER
SURGERY



ASCLS Membership

The American Society of Cosmetic Laser Surgery (ASCLS) is dedicated to advancing the technology and measuring patient safety and satisfaction. ASCLS' mission is to provide the highest quality of education on all facets of cosmetic laser surgery to physicians, scientists, and trained staff from around the world; to develop programs that promote multi-disciplinary education and to provide research grants to qualified investigators in cosmetic laser surgery.

MEMBERSHIP ELIGIBILITY AND REQUIREMENTS

Membership is open to physicians, scientists, residents/fellows, and staff with training in a variety of disciplines including cosmetic surgery, general medicine, ophthalmology, otolaryngology, dermatology, general surgery, oral/maxillofacial surgery, or plastic/reconstructive surgery.

The following documentation must be submitted with your application:

- Completed Application Form
- Current Curriculum Vitae
- Copy of Unrestricted Medical License
- Current DEA or Narcotics License

DUES & APPLICATION FEES

Current AACS Members.....\$299.00
 New Applicant.....\$299.00 + 100
application fee = \$399

Note: An application is valid for one year after the date received at AACS headquarters and all application fees are non-refundable.

American Society of Cosmetic Laser Surgery Membership Application

FULL NAME _____
Last First Mid Initial Title/Designation

DATE OF BIRTH: _____ MEDICAL DEGREE: MD DDS DMD
 RN PA OTHER _____

BUSINESS ADDRESS _____
Address City State Zip Country

PHONE _____ FAX _____

E-MAIL _____ WEBSITE _____

HOME ADDRESS _____

HOME PHONE _____

PREFERRED MAIL: BUSINESS HOME PREFERRED BILL: BUSINESS HOME

AREA OF SURGICAL TRAINING _____ LICENSE: MEDICAL DENTAL LICENSE # _____

STATE / COUNTRY _____ DATE OBTAINED _____

BOARD CERTIFIED?: YES NO WHICH BOARD? _____ DATE CERTIFIED _____

SURGICAL ASSISTANTS OR STAFF ONLY

PROFESSIONAL TITLE _____ PRACTICE SETTING _____

TYPE OF TRAINING _____

I hereby apply for membership in the American Society of Cosmetic Laser Surgery (ASCLS) and agree that membership in the Society is a privilege not a right. Moreover, I acknowledge that membership in ASCLS does not qualify me as a certified physician to practice cosmetic laser surgery and that membership alone in said Society is for educational purposes to advance knowledge and experience. Further, I recognize that my membership in the Society does not in any way imply membership in AACS, the parent organization, which requires separate application and acceptance. I acknowledge that the contents of this application

will be seen by individuals working in and for ASCLS, and attest that all statements and information contained in this application are true to the best of my knowledge and belief. I hereby agree to abide by the bylaws of AACS, including all official policies that may be adopted by the Academy and Society. I acknowledge and authorize use of the information I have provided for dissemination of information from or approved by AACS which it deems germane to my practice. Note: An application is valid for one year after the date received at AACS headquarters and all application fees are non-refundable.

I AM APPLYING AS: CURRENT AACS MEMBER NEW APPLICANT

Name (please print) _____

Signature _____ Date _____

PAYMENT INFORMATION: MASTERCARD VISA AMERICAN EXPRESS

CREDIT CARD # _____ EXPIRATION DATE _____

NAME ON CARD _____ DATE _____ PAYMENT AMOUNT _____

SIGNATURE _____ DATE _____

CHECK (payable to American Academy of Cosmetic Surgery) * Payable in U.S. funds Complete and return the attached membership application and payment to: