

Membership Endorsement Form

The membership endorsement form must contain a printed name and signature from a physician endorsing you for membership. Please be sure to include all required information before submitting.

Fellow, Associate, Affiliate, and International applicants need to forward the enclosed Membership Endorsement Form to a current member of the American Academy of Cosmetic Surgery, a Chief of Surgery/Staff of a hospital, or another medical professional colleague you have known for two (2) or more years.

Resident applicants must submit the enclosed Membership Endorsement Form from their Residency / Clinical Training Program Director. The form must also include the beginning and completion dates of their training program.

To be completed by Applicant

FULL NAME _____
Last First Mid Initial Title

MEDICAL DEGREE: MD DO DDS DMD

APPLYING FOR MEMBERSHIP IN CATEGORY

FELLOW ASSOCIATE AFFILIATE INTERNATIONAL RESIDENT

To be completed by Endorser

I recommend the above named physician for membership into the American Academy of Cosmetic Surgery.

Name (please print) _____

Signature _____ Date _____

RELATIONSHIP TO APPLICANT

Fellow, American Academy of Cosmetic Surgery
 Member, American Academy of Cosmetic Surgery
 Chief of Surgery / Staff of attending hospital
 Medical Professional Colleague Number Of Years Known _____

Residency/Fellowship Director Program Start Date _____ Program End Date _____

PLEASE FAX OR MAIL THIS FORM TO:

American Academy of Cosmetic Surgery
737 North Michigan Avenue, Suite 2100
Chicago, IL 60611-5405 USA
Phone: 312.981.6760 Fax: 312.981.6787
E-mail: info@cosmeticsurgery.org
Website: www.cosmeticsurgery.org