

**ASSOCIATION OF PLASTIC SURGERY
PHYSICIAN ASSISTANTS**

Membership Application 2009

First Name _____

Last Name _____

Degree Bachelors Masters MD Student Other _____

PA School _____

Graduation Date _____

Address _____

City _____

State _____

Zip _____

Telephone _____

Email _____

Prefer phone messages at Home Work

Prefer mail messages at Home Work

Professional Memberships AAPA ASPS ASAPS NCCPA Certified Other _____

Employer Name _____

Employer Telephone _____

Employer Address _____

Employer City _____

Employer State _____

Employer Zip _____

Website Address _____

Supervising Physician (SP) _____

Board Certified (y/n) Yes No

SP Professional Membership? ASAPS Member ASPS Member Other _____

Are you interested in mission work? Yes No

Previous mission experience? Yes No

Cleft experience? Yes No

Please list examples of surgical procedures _____

Is your SP interested? Yes No

Do you know other interested physicians? _____

Are you interested in becoming a Preceptor? Yes No

Membership Type: Fellow \$50 Affiliate \$50 Physician \$100

Associate \$100 Sustaining \$20 Student \$10