



## AAAMS MEMBERSHIP

To be eligible Members are required to attend one of the AAAMS “Aesthetics 101” Basic and Advanced Aesthetic Medicine and Surgery training conferences. For those wanting memberships, who have not been trained in an AAAMS course, a provisional membership is available for 4 months only, after which the Membership will be automatically cancelled unless the individual has enrolled in an AAAMS training course. Membership may be cancelled or refused at the discretion of the Board of Directors of AAAMS. AAAMS retains the right to implement, modify or change any membership rules or regulations.

## AAAMS Membership Privileges

- Receive a free subscription to our semi-annual newsletter “Aesthetics 101”
- Receive a free subscription to our journal club which lists abstracts of the latest articles in the specialty of Aesthetic Medicine and Surgery
- Receive free access to our website alumni forum room
- Receive a reduced rate to attend our annual congress meeting and future training courses, workshops and preceptorships.
- Choose to be listed in our website directory for patient referrals (with a link to your own website if you have one)

## Member Category

## Annual Dues

Resident and Fellows	\$75.00
Nurses and Health Allied Professionals	\$125.00
Physicians	\$200.00
International Physicians	\$100.00

Residents and Fellows must provide evidence of participation in a full-time training program in the health field. Physicians, Nurses and Allied Health professionals must provide proof of current medical licensure. International Physicians membership is open to all Physicians residing and practicing in a country other than the USA. They must provide proof of current medical licensure. All applicants must be approved by the AAAMS Board of Directors.



## AAAMS MEMBERSHIP APPLICATION

### GENERAL INFORMATION (please print clearly)

Name (include Titles)

Company/Organization Name

Office Address

City/Zip/State/ Country

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Specialty \_\_\_\_\_

If you are a physician please enclose a copy of your medical licensure and answer the following questions:

Degrees/Medical School:

Year Graduated \_\_\_\_\_ Postgraduate Specialty Training \_\_\_\_\_

### Category of Membership to which you are applying for

#### Physician Categories:

Member in Training  
Member (MD, DO)  
International Members (MD)

#### Non-Physician Categories

Registered Nurses Member  
Physician Assistant Member

Dues Amount \_\_\_\_\_

Copy of Medical Licensure enclosed \_\_\_\_\_

- *Please choose one the following payments*

I have enclosed a check in the amount of \$\_\_\_\_\_ (please make payable to AAAMS)

I hereby authorize AAAMS to charge the below card in the amount of \$\_\_\_\_\_

Master Card

Visa

Discover

American Express

Account number

Exp date

Name as it appears on card

CVV2 Code \_\_\_\_\_ (3-4 digits on the back of the card)

Credit card billing address **(Required)**

Name:

Signature

Date:

Please fax or mail this completed registration form with all required documents to: AAAMS

How did hear about AAAMS?

- Colleague     AAAMS Web     Fax     Mail  
 Google     Other

Please fax or mail this completed application with all required documents and dues to:

**AAAMS**  
**9478 W. Olympic Blvd #301, Beverly Hills, California 90212**  
**310-274-9955 Fax: 310-858-4400**