



# INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

THE  
CHAPTER FOR  
AESTHETIC  
PLASTIC  
SURGERY



INTERNATIONAL  
CONFEDERATION  
FOR PLASTIC,  
RECONSTRUCTIVE  
AND AESTHETIC  
SURGERY

*Thank you for applying for Active Membership in ISAPS.  
Membership is at the invitation of the Society.  
The following information will help you determine your eligibility.*

## APPLICATION FOR ACTIVE MEMBERSHIP

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*ACTIVE Membership Applicants* shall be licensed physicians engaged in the active practice of plastic and reconstructive surgery with a special interest in aesthetic plastic surgery. They must be **Full Active Members** of their own country's National Society of Plastic Surgeons which is a member of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery (IPRAS).

1. A letter or certificate from the National Society must be sent to the ISAPS Executive Office which clearly indicates current FULL ACTIVE membership.
2. Applicants, after completing formal training, must have been in the active practice of plastic surgery for at least three (3) years (but in no case less than seven (7) years beyond graduation from medical school) to be eligible for membership in ISAPS.
3. An applicant for Active Membership shall be sponsored by two (2) Active or Life Members of the Society. At least one sponsor must be from the applicant's country. If there are no ISAPS members in the Applicant's country, then members from another country may sponsor the Applicant.
4. All applications must be submitted to the National Secretary first. **ONLY** applicants from a country with no National Secretary may submit their application directly to the Executive Office.
5. Applicants must agree to comply with the Code of Ethics and BYLAWS of ISAPS, and successful applicants must agree to pay future Membership dues and assessments promptly.
6. Active Members of ISAPS who cease to be Full Active Members of the National Society of Plastic Surgeons in their own country shall have their Active Membership in ISAPS terminated automatically.
7. The Executive Committee shall adopt rules governing investigations, hearings, appeals from adverse decisions, and other matters related to the election of an individual for Active Membership.

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*ONLY if there is NO NATIONAL SECRETARY in your country, send your application to:*

ISAPS Executive Office  
Catherine B. Foss, Executive Director  
45 Lyme Road - Suite 304  
Hanover, NH 03755 USA

Questions: TEL / 1-603-643-2325 ❖ FAX / 1-603-643-1444 ❖ Email / [isaps@sover.net](mailto:isaps@sover.net)

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# INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

THE CHAPTER FOR AESTHETIC PLASTIC SURGERY



INTERNATIONAL CONFEDERATION FOR PLASTIC, RECONSTRUCTIVE AND AESTHETIC SURGERY

## APPLICATION FOR ACTIVE MEMBERSHIP

Please contact the National Secretary in your country for assistance with this application.

The application cannot be accepted without the signature of the National Secretary.

*Find your NATIONAL SECRETARY on [www.isaps.org](http://www.isaps.org)*

### INSTRUCTIONS

1. The APPLICANT is responsible for completing the application package. Please type or PRINT CLEARLY.
2. Send your *completed application* and *all required enclosures* to your NATIONAL SECRETARY.
3. Incomplete Applications will not be accepted.
4. Applicants will be notified of the action taken, and those elected will receive a certificate of membership.
5. If there is no NATIONAL SECRETARY in your country yet, send the application to the Executive Office.

**You MUST enclose the following items with your application.**

**DO NOT SEND ANYTHING NOT REQUESTED.**

- Certificate or letter confirming **FULL ACTIVE** membership in IPRAS-affiliated National Society
- Letters from TWO sponsors who are current ISAPS members, at least one from your own country. Find a list of the ISAPS membership on the ISAPS website, [www.isaps.org](http://www.isaps.org)
- Two Current photos suitable for publication in ISAPS membership roster (*Do not staple or use paper clip*)
- FEES
 

Application fee (non-refundable).....	US \$100.00
Annual dues for year of election (refundable if applicant is not elected to membership).....	US \$300.00
<b>TOTAL DUE WITH APPLICATION.....</b>	<b>US\$400.00</b>

### PLEASE TYPE OR PRINT CLEARLY

Payment is enclosed by: (*Check should be payable to ISAPS*)

Check for US \$400 from a US bank. FOREIGN BANK CHECKS CANNOT BE ACCEPTED.

CREDIT CARD (You may use VISA, Master Card, or American Express)

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it Appears on the Credit Card: \_\_\_\_\_

Address where you receive your credit card bill: (*required by our bank for verification*)

Street: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Name(s) - Your name will be alphabetized by this letter (**bold block**).

Name

Grid for Family Name(s) with a bolded first letter 'Q' in the first cell.

First or Given Name(s)

Middle Initial(s)

Grid for First or Given Name(s) and Middle Initial(s).

Birth Date

Grid for Birth Date with values 1 and 9 in the Year column.

Day Month Year

Office Address

Form for Office Address including Institution, Department, Street Address, City, State or Province, Country, and Mail Code (Zip).

Telephone

FAX

Country Code City Code Local Number Country Code City Code Local Number

E-mail

Home Telephone

Spouse Name

Country Code City Code Local Number

1. Medical School

Name Location Year Graduated

2. Post Graduate Training **Before** Plastic Surgery Training: Total Number of Years

Internship

Institution Location Dates

Residency

Specialty Institution Location Dates

Residency

Specialty Institution Location Dates

3. Plastic Surgery Training: Total Number of Years

Institution Location Program Director Dates

Institution Location Program Director Dates

4. Aesthetic Plastic Surgery Training **After** Plastic Surgery Residency: Dates

Institution Location Program Director Dates

Institution Location Program Director Dates

5. Active Practice of Plastic Surgery **After** All Training: Years to Date

6. Certificate or Board Diploma in Plastic Surgery (By examination): *Certificate No.* \_\_\_\_\_  
Issued by \_\_\_\_\_ Date Issued \_\_\_\_\_  
Organization

7. National Plastic Surgery Society (FULL ACTIVE Membership) - **Enclose Official Letter or Certificate from National Society Confirming FULL ACTIVE membership (REQUIRED)**

\_\_\_\_\_  
National Society with IPRAS Affiliation Date Accepted

8. Other Surgical Society Memberships (Name Maximum of Four - **ACTIVE** Membership Only)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Principal Active Hospital Appointment \_\_\_\_\_  
Staff Category  
\_\_\_\_\_  
Name of Hospital Location

10. Present Academic Appointment  
\_\_\_\_\_  
Name of Institution Location

11. Have You Ever Been Censored, Disciplined or Denied Membership by a Hospital or Surgical Organization?  
 Yes, attach detail  No

12. I certify that the above information is truthful, and acknowledge that any false statements may result in the rejection of this application or subsequent loss of membership. I also understand that I will not be considered by the Membership Committee without full payment of the application fee (non-refundable) and the annual dues for the first year (to be refunded if my application is unsuccessful). Further, I agree to comply with the code of ethics, specific principles, and bylaws of ISAPS.

\_\_\_\_\_  
Signature of Applicant Date

**APPLICANT MUST NOT WRITE BELOW THIS LINE**

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As the National Secretary of \_\_\_\_\_ I RECOMMEND ACCEPTANCE  
Country  
of this Applicant for ACTIVE MEMBERSHIP.

\_\_\_\_\_  
National Secretary's Signature Date

**Applications will not be accepted without the National Secretary's signature.  
National Secretary, please add any comments on a separate sheet of paper. Thank you.**