

# INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

THE  
CHAPTER FOR  
AESTHETIC  
PLASTIC  
SURGERY



INTERNATIONAL  
CONFEDERATION  
FOR PLASTIC,  
RECONSTRUCTIVE  
AND AESTHETIC  
SURGERY

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

## APPLICATION FOR CANDIDATE MEMBERSHIP

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### *CANDIDATE Membership Applicants*

1. MUST be in training in an official training program of the IPRAS-approved National Society of Plastic Surgery in their country, or in practice but not yet eligible for Active Membership in their own IPRAS-approved National Society.
2. Candidate Members may attend membership meetings but may not vote, hold office, or serve on ISAPS committees.
3. It is the responsibility of Candidate Member to apply for Active Membership when they become eligible.
4. Candidate Members who have not become Active Members of ISAPS according to the application procedures for Active Membership shall have their Candidate Membership automatically terminated.
5. All applicants agree to comply with the ISAPS Code of Ethics.
6. The ISAPS National Secretary in your country MUST sign your application.

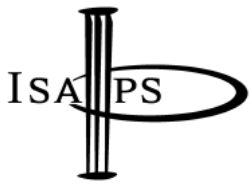
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*ONLY if there is NO NATIONAL SECRETARY in your country, send your application to:*

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 CANDIDATE 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**. If there is no **NATIONAL SECRETARY** in your country yet, send the application to the Executive Office.
3. Incomplete Applications will not be accepted.
5. All applicants' names approved by the Executive Committee are included on a ballot sent to all ISAPS members. Notice of the applicant's acceptance will be sent when the vote is completed.

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

**DO NOT SEND ANYTHING NOT REQUESTED.**

- Certificate or letter confirming your **CURRENT** enrollment in an official training program of the IPRAS-approved National Society of Plastic Surgery in your country
- Letters from TWO sponsors who are current ISAPS members, at least one from your own country
- Two Current photos suitable for publication in ISAPS membership roster (Do not staple or use paper clip)
- FEES
  - Application fee (non-refundable)..... US \$ 50.00
  - Annual dues for year of election (refundable if applicant is not elected to membership)..... US \$175.00
  - TOTAL DUE WITH APPLICATION..... US\$225.00**

### PLEASE TYPE OR PRINT CLEARLY

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

- Check for US \$225 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: \_\_\_\_\_



## Applicant's Certification

I anticipate that my training will conclude in (year) \_\_\_\_\_.

I certify that all information in this application 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 for the current year 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 \_\_\_\_\_  
*Country*

I RECOMMEND ACCEPTANCE of this Applicant for Candidate Membership.

\_\_\_\_\_  
Signature of National Secretary

\_\_\_\_\_  
Date

**Applications will not be accepted without the National Secretary's signature.**

**National Secretary's Comments:**