



## The Virginia Society of Plastic Surgeons Membership Application

Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Name (First, Last, MI)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

I am applying for (select one):

**Active Membership**

All plastic surgeons who are Board Certified by the American Board of Plastic Surgeons in Virginia and who are active members of the American Society of Plastic Surgeons (ASPS) are eligible for Active Membership in the Virginia Society of Plastic Surgeons. Active dues are \$400 annually.

*An associate may contact you for further information to process your application to include payment of membership dues upon approval.*

I understand and agree that membership in the Virginia Society of Plastic Surgeons is a privilege and not a right. As an applicant for membership, I have the responsibility for supplying to the Virginia Society of Plastic Surgeons with information adequate for proper evaluation by the Society of my fitness for membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email your application to: [vaspsadmin@vasps.org](mailto:vaspsadmin@vasps.org)

Or mail to

The Virginia Society of Plastic Surgeons

444 E. Algonquin Road

Arlington Heights, IL 60005