# Application for Membership

## Contact Information

Name ______________________________________________ Title ____________________________________________

Practice/Group Name _________________________________________________________________________________

Office Address _______________________________________________________________________________________

Home Address _______________________________________________________________________________________

Preferred Address: ☐ Home ☐ Office

Office Phone __________________ Home Phone __________________ Email ______________________________

Hospital Affiliation ___________________________________________________________________________________

## Education

*School Name, Location, & Years Attended*

Plastic Surgery Residency ______________________________________________________________________________

Prior Residency ______________________________________________________________________________________

Premedical Education _________________________________________________________________________________

Medical School _______________________________________________________________________________________

Fellowship __________________________________________________________________________________________

Professional Society Memberships _______________________________________________________________________

American Board of Plastic Surgery: ☐ Eligible ☐ Certified Date: ______________________________

ASPRS Member? ☐ Candidate ☐ Active

## Membership Dues: One Year Membership

☐ Active Member $300.00 ☐ Resident Member $0.00

☐Enclosed is my check for payment ☐Please charge my Visa or Mastercard

Name on Card ________________________________________________________________________________________

Billing Address and Zip code ____________________________________________________________________________

Credit Card # ______________________________________________________ Exp. Date ______ Security Code ______

***Please return completed application along with payment to:***

***WSPS***
***2001 Sixth Avenue, Suite 2700***
***Seattle, Washington 98121***

***Fax: 206-441-5863***
***Email:*** ddw@wsma.org
***Questions? 206-956-3642***