



INTERNATIONAL ASSOCIATION FOR PHYSICIANS IN AESTHETIC MEDICINE

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MEMBER INFORMATION: MEMBERSHIP TYPE: HOW DID YOU HEAR ABOUT THE ASSOCIATION: NAME (As shown on license) LAST: FIRST: MIDDLE: MEDICAL DESIGNATION (i.e. MD/DO): RESIDENCE ADDRESS: STREET: CITY: STATE: ZIP CODE: COUNTRY: RESIDENCE TELEPHONE: FAX: EMAIL ADDRESS**: PRACTICE NAME: PRACTICE ADDRESS: STREET: CITY: STATE: ZIP CODE: COUNTRY: PRACTICE TELEPHONE: PRACTICE FAX: SEND CORRESPONDANCE TO: PRACTICE HOME SPECIALITY(IES)/SUBSPECIALITY: MEDICAL LICENSE #: STATE/JURISTICION: DATE ISSUED: DATE EXPIRED: OTHER LICENSES (State date issued): MEDICAL SCHOOL: LOCATION OF SCHOOL (State or Country if not U.S): YEAR GRADUATED: BOARD CERTIFICATION(s): MEDICAL SOCIETY/ORGANIZATIONS MEMBERSHIPS: PLEASE SELECT THE CHOICE THAT BEST DESCRIBES YOUR PRACTICE: Single (1 physician) Small (2-5 physicians) Medium (6-25 physicians) Large (25+ physicians) Hospital-Based Practice Government-Employed Physician Academic Practice Semi-Retired PAYMENT: Credit Card: AMEX Visa MasterCard CARD NUMBER: EXPIRY DATE: CARD VERIFICATION NUMBER: NAME AS IT APPEARS ON CREDIT CARD:

** PLEASE INCLUDE AN E-MAIL ADDRESS, CONFIRMATION AND ALL IAPAM CORRESPONDANCE IS SENT VIA E-MAIL

* PLEASE NOTE: YOU WILL RECEIVE A CHARGE ON YOUR CREDIT CARD STATEMENT FROM: IAPAM

I hereby affirm that the information provided on this application for membership in the International Association For Physicians in Aesthetic Medicine (IAPAM) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application and/or termination of my membership. I understand and agree that acceptance of this application, and/or dues does not constitute approval or acceptance of my membership, and grants me no rights or privileges of membership until such time as I receive notice of approval of my application. I hereby release all persons and entities, including the IAPAM, their employees and agents, and all persons and entities providing credentialing information to them, from any liability they might incur for their acts, omissions, and/or communications arising from this application or any membership decision, to the extent those acts, omissions and/or communications are protected by state, federal and/or international law. I understand and agree to the terms of the IAPAM's Privacy Policy that can be found on the IAPAM's website. The IAPAM is not responsible for additional charges your credit card company may charge.

APPLICANT'S SIGNATURE: DATE: