



Organization of Facial Plastic Surgery Assistants  
 American Academy of Facial Plastic and Reconstructive Surgery  
 OFPSA Membership Application and Dues Form  
 January 1, 2016 – December 31, 2016

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**AAFPRS Sponsor Name:** \_\_\_\_\_  
**Practice Name:** \_\_\_\_\_  
**Practice Address:** \_\_\_\_\_

**Practice Telephone:** \_\_\_\_\_ **How Long in Position:** \_\_\_\_\_  
**Practice Fax:** \_\_\_\_\_ **Number of Staff:** \_\_\_\_\_  
**E-mail\*:** \_\_\_\_\_ **Number of Physicians:** \_\_\_\_\_

**\*Please provide an email address, since OFPSA information and updates are sent via email.**

Categories of Membership:

**Office - \$175** (list below office members and their individual e-mail address. They will be included in this membership)


Members shall be a dues paying representative of an active member of the American Academy of Facial Plastic and Reconstructive Surgery who support the objective and purposes of the Organization. They shall enjoy all rights and privileges, duties, and obligations of membership in OFPSA. Checks should be made payable to American Academy of Facial Plastic and Reconstructive Surgery (**AAFPRS**).

**METHOD OF PAYMENT (in U.S. dollars only)**

Check enclosed (made out to the AAFPRS)  
 Visa     MasterCard     American Express

Card No. \_\_\_\_\_

Exp. \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Print Name on Card \_\_\_\_\_

**AAFPRS**

P.O. Box 759019  
 Baltimore, MD 21275-9019

**Credit card payments may be mailed to:**

310 S. Henry Street  
 Alexandria, VA 22314  
 Attn: Ann Jenne  
 703-299-8898 - fax