



**Organization of Facial Plastic Surgery Assistants
 American Academy of Facial Plastic and Reconstructive Surgery
 OFPSA Membership Application and Dues Form**

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 - \$180 (list below office members and their ***individual e-mail address**. They will be included in this membership). Membership will be for one calendar year.

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)	
<input type="checkbox"/> Check enclosed (made out to the AAFPRS) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card No. _____	
Exp. _____ Security Code _____	
Signature _____	
Print Name on Card _____	

American Academy of Facial Plastic and Reconstructive Surgery
 P. O. Box 222772
 Chantilly, VA 20153-2772

Credit card payments, please call
 Maria Pettiford Atkins at 703-299-9291, ext. 225
 and provide the credit card information by phone.

FOR INTERNAL USE ONLY: Emailed or Faxed Copy to Membership Coordinator