



Membership Application

The **Association of Plastic Surgery Assistants (APSA)** is an organization of professionals committed to excellence in plastic surgery practice and management. Founded in 1974, APSA is a non-profit organization with over 350 members comprised of front office (secretarial, clerical and bookkeeping), back office (nurses, scrub techs, medical assistants, aestheticians), and administrative personnel including office managers and residency coordinators.

True to APSA's mission statement, employers and staff are encouraged to believe that what they do individually and as a team can affect the course of their success. With this thought in mind, APSA's Educational Program (held each fall in conjunction with the ASPS Program) is designed for all staff members to learn from professionals in their field and to understand all aspects of Plastic Surgical Care without limiting the scope of discussions to specific settings in which a member serves. Nurses interact with administrators, office staff learns from clinical staff, aestheticians share with patient representatives and learning occurs across all points of view.

Membership benefits include online access to our *Network Newsletter*, a membership roster, E-group networking, and the advantages of qualification to attend the annual Educational Seminar, as well as peer networking capabilities nationwide.

Association of Plastic Surgery Assistants 2012 Annual Membership Dues (January 1, 2012 to December 31, 2012)

PLEASE PRINT OR TYPE

Name _____ E-Mail _____

Employer (Dr/Drs.) _____ Employer ASPS I.D. # _____

Employer Address _____

City _____ State _____ Zip _____

Office Phone _____ Office Fax _____

Your Title (Check one category that BEST describes your main position in the practice):

Management/Administrative
 Ins/Coding/Acct
 RN/CMA/MA
 CST/Surg Tech
 Patient Coordinator
 Aesthetician
 Front Desk/Recept.

ANNUAL DUES - \$150.00 Payable in US Funds
Late Fee of \$25 if paid after June 1, 2012

New Member
 Renewal
 Past President
 Sustaining Member

Indicate Method of Payment:
 Check payable to APSA
 MasterCard
 Visa
 Discover
 Card # _____ Exp. Date _____ Security Code _____

Name As Shown on Card _____

Billing Address _____

Signature _____

Please provide email address for confirmation of receipt of application and dues _____

Please return this form with your check made payable to APSA or fill in credit card information and mail to:

Association Of Plastic Surgery Assistants
P.O. Box 722
Richmond, TX 77406