Executive Office
444 East Algonquin Road • Arlington Heights, IL 60005-4664
847-228-9900 • Fax: 847-228-9131 • www.plasticsurgery.org

ASPS State Partnership Program
Request for Member Information

Society Name: ______________________________

Staff Requesting Information: ______________________________
Name   Title

____
Email   Phone Number

MEMBER INFORMATION

MEMBER #1

Name: ______________________________

Member's Work/Home State: ____________________ ASPS ID: __________
(if known)

TO BE COMPLETED BY ASPS MEMBERSHIP:

ASPS Membership Status: ______________________________

MEMBER #2

Name: ______________________________

Member's Work/Home State: ____________________ ASPS ID: __________
(if known)

TO BE COMPLETED BY ASPS MEMBERSHIP:

ASPS Membership Status: ______________________________

MEMBER #3

Name: ______________________________

Member's Work/Home State: ____________________ ASPS ID: __________
(if known)

TO BE COMPLETED BY ASPS MEMBERSHIP:

ASPS Membership Status: ______________________________

MEMBER #4

Name: ______________________________

Member’s Work/Home State: ______________________________ ASPS ID: ______________
(if known)

TO BE COMPLETED BY ASPS MEMBERSHIP:

ASPS Membership Status: ______________________________

Submit completed forms to
Membership@plasticsurgery.org

Please allow 1 business week after submission for a response.