



### The Mountain West Society of Plastic Surgeons Membership Application

Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Name (First, Last, MI)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

I am applying for (select one):

**Active Membership \$100 in region (AZ, CO, MT, NV, NM, MT, UT, WY)/\$150 out of region**

All plastic surgeons who are Board Certified by the American Board of Plastic Surgeons who are active members of the American Society of Plastic Surgeons (ASPS) are eligible for Active Membership in the Mountain West Society of Plastic Surgeons.

**Candidate Membership \$100 in region (AZ, CO, MT, NV, NM, MT, UT, WY)/\$150 out of region**

Candidate members shall be practicing plastic surgeons who are eligible for the examination of the American Board of Plastic Surgery and who are Candidate Members of the American Society of Plastic Surgeons (ASPS) are eligible for the Candidate Membership in the Mountain West Society of Plastic Surgeons.

**Associate Membership \$150 in region (AZ, CO, MT, NV, NM, MT, UT, WY)/\$150 out of region**

Associate membership shall consist of individuals who contribute to the overall body of knowledge of plastic and reconstructive surgery in their field and hold an Associate Membership status in the American Society of Plastic Surgeons (ASPS). Associate members may not hold office or vote.

**Resident Membership**

Physicians serving in an ASPS approved plastic surgery training program.

*An associate may contact you for further information to process your application.*

I understand and agree that membership in the Mountain West Society of Plastic Surgeons is a privilege and not a right. As an applicant for membership, I have the responsibility for supplying to the Mountain West Society of Plastic Surgeons with information adequate for proper evaluation by the Society of my fitness for membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email your application to: [info@mwsp.org](mailto:info@mwsp.org)

Or mail to

The Mountain West Society of Plastic Surgeons

444 E. Algonquin Road, Arlington Heights, IL 60005