



**Organization of Facial Plastic Surgery Assistants
 American Academy of Facial Plastic and Reconstructive Surgery
 OFPSA Membership Application and Dues Form
 January 1, 2015 – December 31, 2015**

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)	
<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 _____	

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

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