



**Associate Membership**

**Personal details**

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Spouse's Name: \_\_\_\_\_

Address For Correspondence (if different from above): \_\_\_\_\_

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Qualifications**

Medical School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Postgraduate Qualifications (with date): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Plastic surgery training programme**

Are you currently a registered financial and Advanced Surgical Trainee in Plastic & Reconstructive Surgery in Australasia with the Royal Australasian College of Surgeons  Yes  No

Year commenced Advanced Surgical Training in PRS: \_\_\_\_\_

When are you eligible to sit part 2 RACS examinations: \_\_\_\_\_

In what year do you expect to complete Advanced Training in PRS Year: \_\_\_\_\_

When do you expect to complete your Advanced Training Programme: \_\_\_\_\_

If your application for Associate Membership is successful, would you like a mentor from The Society to be appointed to help in your aesthetic surgery training?  Yes  No

## Application form



### Associate Membership

I hereby apply for Membership of the Australasian Society of Aesthetic Plastic Surgeons and agree to abide by the Code of Ethics of the Society as a condition of my continuing Membership.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Proposer

Name: \_\_\_\_\_

Contact No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Secunder

Name: \_\_\_\_\_

Contact No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Please email, fax or mail completed form to below address

Email: [sali@asaps.org.au](mailto:sali@asaps.org.au)

Fax: +612 9437 0495

#### Postal Address:

Suzane Ali  
Executive Secretary  
ASAPS  
Suite 503, Level 5  
69 Christie Street  
St Leonards, NSW 2065  
Australia