

AMERICAN ACADEMY OF COSMETIC FAMILY PRACTICE

8000 S Kolb Road | Ste 103 | Tucson | AZ | 85706

MEMBERSHIP APPLICATION

Please print or type clearly.

Full Name _____
LAST FIRST MIDDLE INITIAL

Office Address _____
Street City State Zip Country

Phone _____ Fax _____

Email _____ Website _____

Home Address _____
Street City State Zip Country

Home Phone _____ Mobile Phone _____

Preferred Mail Business Home Preferred Phone Business Home Mobile

Date of Birth _____ Place of Birth (State/Province & Country) _____

Medical License# _____ State/Country _____ Date Obtained _____

Is your license in effect and unrestricted? Yes No (Please explain on separate sheet)

Board Certified? Yes No Which Board? _____ Date Certified _____

ABMS (American Board of Medical Specialties) Area of Surgical Training _____

Annual Dues: \$300.00 Make check payable to: AAOCFP, 8000 S Kolb, Ste 103, Tucson, AZ 85706

Credit Card Payment: VISA Mastercard AMEX

Credit Card# _____ Exp Date: _____ Vcode: _____

Name on Card _____

ACTIVE MEMBERSHIP IN (Check all that apply)

- American Academy of Cosmetic Surgery
- American College of Obstetricians and Gynecologists
- Other (list here)

List accredited Cosmetic Workshop(s) and dates attended: _____

Cosmetic Procedures currently performing: _____

I agree that membership in the American Academy of Cosmetic Family Practice (AAOCFP) is a privilege not a right. I recognize that the contents of this application will be seen by individuals working for AAOCFP. I agree to surrender my membership and return my certificate if my license to practice medicine is revoked, suspended or limited beyond its present state, or if membership is revoked or terminated for such other cause as may be provided by the bylaws of the Society. Moreover, I acknowledge that membership in AAOCFP does not qualify me as a certified physician to practice cosmetic procedures, and that membership alone in said Society is for educational purposes to advance knowledge and experience. Additionally, I agree to adhere to all rules regulations and policies as adopted by AAOCFP. I furthermore understand that membership in AAOCFP does not give me license to perform cosmetic procedures. Instead, it expresses my interest and participation in the studying of techniques. I hereby acknowledge and authorize use of the information I have provided for dissemination of information from or approved by AAOCFP which it deems germane to my practice.

Signature _____ Date _____