Organization of Facial Plastic Surgery Assistants
American Academy of Facial Plastic and Reconstructive Surgery

OFPSA Membership Application and Dues Form
January 1, 2018 – December 31, 2018

First Name:_____ Last Name:_____
Title:_____
AAFPRS Sponsor Name:_____
Practice Name:_____
Practice Address: _____
City:_____ State:_____ Zip Code:_____
Telephone:_____ Fax:_____
Email:_____
How long have you worked in your current position? _____
Number of practice staff:_____ Number of practice physicians:_____

Categories of Membership:
❑ Office - $180
*(Please list below office members and their *individual e-mail address. They will be included in this membership)*

Name	Email Address

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)
❑ Check enclosed (made out to the AAFPRS)
❑ Visa ❑ MasterCard ❑ American Express

Card No.: _____

Exp: _____ Security Code: _____

Name as it appears on the card: _____

Signature: _____

American Academy of Facial Plastic and Reconstructive Surgery
P. O. Box 222772
Chantilly, VA 20153-2772

Credit card payments by phone, please call
Leigh A. McGuire at 703-299-9243 and provide the credit card information by phone.