



Society of Aesthetics in Medicine

453 Main Street Suite 3A, Farmingdale, New York 11735 (516) 680-5335 Fax (516) 756-9082

www.societyofaestheticsinmedicine.com

Membership Application

Name _____ Title _____ SPECIALTY _____

Address _____

Phone _____ Fax _____

E-mail _____

Date of Birth _____ Medical License # _____ SS# _____

Website _____

MEMBERSHIPS IN Professional Associations

1. _____
2. _____
3. _____

Cosmetic Workshops Attended IN THE LAST 2 YRS:

1. _____
2. _____
3. _____

Annual fee of \$165.00 (check or Credit Card) Payable to **Society of Aesthetics in Medicine***

Credit Card # _____ Exp. Date ____/____/____

Name on Card _____ Signature _____

***MEMBERSHIP IS FREE, WITH PARTICIPTION IN ANY ONE OF THE WORKSHOPS OFFERED BY THE SOCIETY, FOR THE FIRST YEAR**

***Annual fee entitles the Member in good standing, a 10% discount on all workshops/A/V OR PRINTED MATERIALS AS WELL AS THE NEWSLETTER**

***A MEMBERSHIP ROSTER WILL BE AUTOMATICALLY BE UPDATED ON THE WEBSITE OF ALL MEMBERS IN GOOD STANDING**

Signature: _____ Date: _____