



INTERNATIONAL ASSOCIATION FOR PHYSICIANS IN AESTHETIC MEDICINE

Membership Renewal Application

848 N. Rainbow Blvd., #713 ~ Las Vegas, NV 89107 USA

Phone (Toll Free): 1-800-219-5108 - Fax (Toll Free) 1-866-284-9318

Form with fields for Date, Membership Type, Name, Contact Information, Practice Address, Residence Address, Medical License, and Payment Information.

** PLEASE INCLUDE AN E-MAIL ADDRESS, CONFIRMATION AND ALL IAPAM CORRESPONDANCE IS SENT VIA E-MAIL

* PLEASE NOTE: YOU WILL RECEIVE A CHARGE ON YOUR CREDIT CARD STATEMENT FROM: IAPAM

I hereby affirm that the information provided on this application for membership in the International Association For Physicians in Aesthetic Medicine (IAPAM) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith.

APPLICANT'S SIGNATURE: _____ DATE: _____