IAPAM
INTERNATIONAL ASSOCIATION FOR
PHYSICIANS IN AESTHETIC MEDICINE

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

Phone (Toll Free): 1-800-219-5108 – Fax (Toll Free) 1-800-485-5759

DATE:

MEMBERSHIP TYPE:

☐ **$ 295 *Accredited* Member – for licensed physicians (i.e. MD, DO, PA, NP, DDS, DMD, ND, NMD)**

☐ **$ 50 *Associate* Member - eligibility to North American full-time residents in an approved program as well as licensed physicians in foreign markets**

HOW DID YOU HEAR ABOUT THE ASSOCIATION:

NAME *(As shown on medical license)*

LAST: **FIRST:** **MIDDLE:** **MEDICAL DESIGNATION (i.e. MD/DO, etc.)**

SEND CORRESPONDENCE TO: ☐ **Practice** ☐ **Home**

PRACTICE NAME:

PRACTICE ADDRESS:

STREET: **CITY:** **STATE:** **ZIP CODE:** **COUNTRY:**

PRACTICE PHONE: **CELL PHONE:**

RESIDENCE ADDRESS:

STREET: **CITY:** **STATE:** **ZIP CODE:** **COUNTRY:**

EMAIL ADDRESS:**

SPECIALITY(IES)/SUBSPECIALITY:

MEDICAL LICENSE #: **STATE/JURISTICION:** **DATE ISSUED:** **DATE EXPIRED:**

MEDICAL SCHOOL: **LOCATION OF SCHOOL (State or Country if not US):** **YEAR GRADUATED:**

BOARD CERTIFICATION(s):

PLEASE SELECT THE CHOICE THAT BEST DESCRIBES YOUR PRACTICE:

☐ **Single (1 physician)** ☐ **Small (2-5 physicians)** ☐ **Medium (6-25 physicians)** ☐ **Large (25+ physicians)**
☐ **Hospital-Based Practice** ☐ **Government-Employed Physician** ☐ **Academic Practice** ☐ **Semi-Retired**

PAYMENT: **Credit/ Debit Card:** ☐ **AMEX** ☐ **Visa** ☐ **MasterCard** ☐ **Discovery**

CARD NUMBER: **EXPIRY DATE:** **(mm/yr)** **CARD VERIFICATION NUMBER:** (3 digit number on back of card after the card number)

NAME AS IT APPEARS ON CREDIT CARD:

**** 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. I understand that material omissions or misrepresentations may result in denial of my application and/or termination of my membership. I understand and agree that acceptance of this application, and/or dues does not constitute approval or acceptance of my membership, and grants me no rights or privileges of membership until such time as I receive notice of approval of my application. I hereby release all persons and entities, including the IAPAM, their employees and agents, and all persons and entities providing credentialing information to them, from any liability they might incur for their acts, omissions, and/or communications arising from this application or any membership decision, to the extent those acts, omissions and/or communications are protected by state, federal and/or international law. I understand and agree to the terms of the IAPAM's Privacy Policy that can be found on the IAPAM's website. The IAPAM is not responsible for additional charges your credit card company may charge.

APPLICANT'S SIGNATURE:_____**DATE:**_____

Revised: 2017-02-08