



**Florida Society of Plastic Surgeons**  
*"One half century of promoting excellence and patient safety in Plastic Surgery"*  
**APPLICATION for COURTESY MEMBERSHIP**

Complete the attached application and return it to:  
Florida Society of Plastic Surgeons  
Post Office Box 7040, Jacksonville FL 32238

along with:

1. A letter from the Director of your residency program verifying your status as a resident in training.
2. A current photograph
3. A copy of all current Board Certifications, if any
4. A copy of your current valid active license to practice medicine in Florida, if licensed.

When all items have been received, your application will be presented to the Board of Directors. An affirmative vote will activate your Courtesy Member Status in the Society.

If you have any questions or need any further information, please do not hesitate to contact us. Our telephone number is 904-693-1799 or 1-800-779-2979.

# **Florida Society of Plastic Surgeons, Inc.**

## **MEMBERSHIP ELIGIBILITY, REQUIREMENTS AND PRIVILEGES**

Excerpt from FSPS Bylaws, Chapter III, Membership

“A. Members of the Society shall agree to abide by these BYLAWS and the Code of Ethics of the American Society of Plastic Surgeons, and maintain and fulfill their eligibility criteria for their category of membership. If a member of the Society fails to maintain eligibility for his or her category of membership, said membership shall be revoked or suspended at the discretion of the Board of Directors. Reinstatement of membership shall be at the discretion of the Board of Directors, following a determination that the criteria for membership have been met. The Board of Directors shall have the right to require reapplication of any past member whose membership had been revoked for failing to maintain and fulfill his or her eligibility requirements.

“B. Categories of Membership. The Society shall have the following categories of membership:

- 1) Candidate
- 2) Active
- 3) Life
- 4) Inactive
- 5) Corresponding
- 6) Retired
- 7) Courtesy**
- 8) Honorary

7. Courtesy:

a. Courtesy members are those members who have documented to the Board of Directors residency in an American Society of Plastic Surgeons-approved Florida Plastic Surgery Residency Training Program. This status automatically ends upon completion of the Florida training program.

b. Courtesy members shall not pay dues or an application fee. They may not serve on committees, vote, or hold office. They shall receive all Society mailings and may attend Society meetings.”

Application for Courtesy Membership - Florida Society of Plastic Surgeons, Inc.

FULL NAME \_\_\_\_\_ Date of Application \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

**EMAIL address:** \_\_\_\_\_

Web Address: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_-\_\_\_\_-\_\_\_\_ SEX: M F

PRE-MED SCHOOL \_\_\_\_\_ Yr. \_\_\_\_\_ to Yr. \_\_\_\_\_

MEDICAL SCHOOL \_\_\_\_\_ Yr. \_\_\_\_\_ to Yr. \_\_\_\_\_

INTERNSHIP \_\_\_\_\_ Yr. \_\_\_\_\_ to Yr. \_\_\_\_\_

RESIDENCIES: Surgery \_\_\_\_\_ Yr. \_\_\_\_\_ to Yr. \_\_\_\_\_

\_\_\_\_\_ Yr. \_\_\_\_\_ to Yr. \_\_\_\_\_

Plastic Surgery \_\_\_\_\_ Yr. \_\_\_\_\_ to Yr. \_\_\_\_\_

Current Residency: \_\_\_\_\_ Yr. \_\_\_\_\_ to Yr. \_\_\_\_\_

FLORIDA LICENSE: Date Issued \_\_\_\_\_ Number \_\_\_\_\_ (Please attach copy)

BOARD CERTIFICATIONS: (Date Certified): \_\_\_\_\_

**Please attach photocopies of Board Certificates**

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**The information in this application is provided for the purpose of obtaining membership in the Florida Society of Plastic Surgeons and, to the best of my knowledge, is accurate and complete.** If this application is accepted and membership is granted, I agree that requesting and accepting such membership, and continuing to maintain such membership, constitutes my consent to receive all communications sent by or on behalf of the Florida Society of Plastic Surgeons, Inc., and its subsidiaries and affiliates, via the communications vehicle of its preference, including but not limited to Email, Fax, Telephone, Regular Mail, or special expedited mail services.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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**RELEASE TO OBTAIN INFORMATION:** I authorize the Florida Society of Plastic Surgeons to consult with other organizations with which I have been associated, and with others who may have information bearing on my competence, character and ethical qualifications. I consent to the Society's inspection of such documents that may be material to an evaluation of my professional qualifications for membership, as well as my moral and ethical qualifications, and release from any liability all representatives of the Society for their acts performed without intentional fraud in connection with evaluating me and my credentials, and release from liability all individuals and organizations who provide information to the Society without intentional fraud concerning my competence, ethics, character and other qualifications for membership, including otherwise privileged or confidential information.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_