

# Membership Endorsement Form

The membership endorsement form must contain a printed name and signature from a physician endorsing you for Membership. Please be sure to include all required information before submitting.

Active Member, Affiliate applicants need to forward the enclosed Membership Endorsement Form to a current member of the California Academy of Cosmetic Surgery, a Chief of Surgery/Staff of a hospital, or another medical professional colleague you have known for two (2) or more years.

Resident applicants must submit the enclosed Membership Endorsement Form from their Residency / Clinical Training Program Director. The form must also include the beginning and completion dates of their training program.

## To be completed by Applicant

FULL NAME \_\_\_\_\_

Last

First

Middle Initial

MEDICAL DEGREE:     MD    DO    DDS    DMD

APPLYING FOR MEMBERSHIP IN CATEGORY

FELLOW             RESIDENT

## To be completed by Endorser

I recommend the above named physician for membership into the California Academy of Cosmetic Surgery

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## RELATIONSHIP TO APPLICANT

Active Member, California Academy of Cosmetic Surgery     Chief of Surgery / Staff of attending hospital

Medical Professional Colleague—Number of Years Known \_\_\_\_\_

Residency/Fellowship Director    Program Start Date \_\_\_\_\_ Program End Date \_\_\_\_\_

Other \_\_\_\_\_

## PLEASE FAX OR MAIL THIS FORM TO:

California Academy of Cosmetic Surgery

674 Via de la Valle, Ste 214

Solana Beach, CA 92075

Phone: 858.876.6339 Fax: 858.824.1112

E-mail: [info@calcosmeticsurgery.org](mailto:info@calcosmeticsurgery.org)

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