ASLMS
AMERICAN SOCIETY FOR LASER MEDICINE & SURGERY, Inc.®
energy based technology • science • medicine

aslms.org

Membership Application

APPLICANT INFORMATION

IN ORDER TO COMPLY WITH FEDERAL REGULATIONS, ALL NON-UNITED STATES CITIZENS MUST PROVIDE THE INFORMATION INDICATED WITH A ⏩

First Name (Given) _____ Full Middle Name _____

Last Name (Family) _____ Title/Degree (i.e. MD, PhD) _____

Membership Status ☐ New ☐ Returning Gender ☐ Male ☐ Female ⏩Date of Birth (MM/DD/YYYY) _____/ _____ / _____

⏩Citizenship _____ ⏩Passport Number _____

⏩Resident Address _____ City _____

State/Province _____ Zip/Postal Code

Business Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone ☐ Business ☐ Home _____ Cell _____ Fax _____

Personal Email (Required) _____ Business Email _____

Administrative Email _____ Website URL _____

Did someone refer you to ASLMS? If so, please list the name of the individual or organization _____

CURRICULUM VITAE / RESUME

EDUCATION – *Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*

Institution and Location	Degree (if applicable)	Calendar Year(s) Attended	Field of Study (specialty)

BOARD CERTIFICATION – PHYSICIANS ONLY – *If applicable.*

In order to be designated as being "Board Certified", an individual must have received certification from one of the following:
1) an American Board of Medical Specialties (ABMS) approved board, 2) an organization recognized by the American Podiatric Medical Association (APMA) as qualified to certify physicians as doctors of podiatric medicine, 3) an American Osteopathic Association (AOA) approved board, 4) the Royal College of Physicians and Surgeons of Canada (RCPSC), 5) the College of Family Physicians of Canada (CFPC), or 6) the American Dental Association (ADA) approved board as qualified to certify Doctors of Dentistry.

Board	Specialty	Year Certified

NON-PHYSICIAN SPECIALTY AND CERTIFICATION – *If applicable.*

Specialty/Certification	Year Certified

LASER EXPERIENCE

Please describe your experience _____

_____

_____

LASER PROCEDURES

- List laser and related technology procedure(s) (i.e., Hair Removal, Tattoo Removal, Skin Rejuvenation, Port Wine Stains, Lasik, Nasal Polyps, etc).
- Do not list equipment manufacturers or equipment names.
- ASLMS has the right to refuse any and all special laser and related technology procedures without a requirement to justify this refusal.

1._____ 2._____ 3._____ 4. _____

5._____ 6._____ 7._____ 8. _____

9._____ 10. _____ 11. _____ 12. _____

13._____ 14. _____ 15. _____ 16. _____

17._____ 18. _____ 19. _____ 20. _____

CRIMINAL / DISCIPLINARY HISTORY - *Application is not considered complete without the following information.*

Have you ever been the subject of a criminal prosecution or of a grievance, complaint or proceeding that could have resulted in revocation, suspension, or restriction of any professional license issued to you by a governmental authority?

☐ Yes ☐ No If yes, please attach a statement describing the dates, nature, and outcome of the criminal prosecution or of the grievance, complaint or proceeding and any relevant information.

Has an institution or professional organization ever disciplined you, or are you currently the subject of a complaint or disciplinary proceeding within an institution or professional organization?

☐ Yes ☐ No If yes, please attach a statement describing the dates, nature, and outcome of the complaint or proceedings and any relevant information.

HOW DID YOU HEAR ABOUT ASLMS?

☐ ASLMS Member – Name _____

☐ Referral from Industry – Company Name_____

☐ Publication Ad – Publication Name _____

☐ News Article – Publication Name _____

☐ Specialty Society Meeting – Name of Society _____

☐ Email

☐ Direst Mailing

☐ ASLMS Website

☐ Social Media

☐ Other _____

DISCRIMINATION POLICY / SIGNATURE

The Society does not discriminate on the basis of race, color, religion, creed, gender, national origin, ancestry, age, disability, or sexual orientation in any aspect of its operations, including, but not limited to, the provision of services, membership on the Society's governing board or committees, and attendance at or participation in the Society's programs, grant selection, meetings, and events.

I recognize that membership in the American Society for Laser Medicine and Surgery, Inc. (ASLMS) is a privilege, not a right, and is subject to and governed by the Society's Articles of Incorporation, Bylaws, Administrative Regulations, Code of Ethics, and other rules that the Society may adopt. If accepted as a member of the Society, I agree to abide by its rules. I recognize the importance of the Society's ability to investigate the qualifications of the applicants for membership and maintain standards of conduct for its members. The Society must be able to perform its investigatory and disciplinary functions without fear of litigation by rejected applicants or disciplined members. I consent to any investigation of the facts disclosed in this application, to any disciplinary investigation during my membership in the Society, and to any statements made in the application or disciplinary process, by whomever made and whether defamatory or not. In return for consideration of my application, I consent to the Society inviting and receiving information and comment about me from any member or other person, and I agree that any information and comment furnished to the Society in response to such invitation shall be conclusively deemed confidential and privileged, and I waive any claim or cause of action and release the Society, its members, directors, officers, or agents and any person furnishing information or comment in response to an invitation from the Society for any damage or liability by reason of any action any of them take in connection with this application.

If elected to membership in the Society, I further waive any claim or cause of action against the Society, its members, directors, officers, Ethics and Conflict of Interest Committee members, agents or any person reporting, furnishing information or commenting about me in connection with any disciplinary action of the Society.

I understand that by providing my mailing address, email address, telephone number, and fax number, I consent to receive communications sent by or on behalf of the ASLMS via regular mail, email, telephone or fax.

Sign Full Name _____ Date _____

MEMBERSHIP FEES

STANDARD MEMBERSHIP

☐ Associate – *Any scientist, engineer, physician, other health care professional, or any individual who is qualified and duly licensed to engage in independent clinical practice and is qualified and recognized in his or her respective field. Any individual who is recognized as being significantly involved with the laser industry shall also be eligible to become a Member.*

Select One ☐ $340 (U.S.) Physician/Industry ☐ $165 (U.S.) Scientist ☐ $120 (U.S.) Nursing/Allied Health

EARLY CAREER MEMBERSHIPS

☐ 2nd Year – *If you have completed your training in the last two years. Must include training completion date:*_____

Select One ☐ $225 (U.S.) Physician/Industry ☐ $110 (U.S.) Scientist ☐ $80 (U.S.) Nursing/Allied Health

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☐ 1st Year – *If you have completed your training in the last year. Must include training completion date:* _____

Select One ☐ $115 (U.S.) Physician/Industry ☐ $55 (U.S.) Scientist ☐ $40 (U.S.) Nursing/Allied Health

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☐ Graduate Student – *Any scientist, engineer, physician, or health care professional who has earned a bachelor's degree, and is pursuing further education in science, engineering, biology, medicine, surgery or other related discipline may be considered for Graduate Student status. Please check the category that applies.*

Select One ☐ Medical Student ☐ Graduate Student ☐ Resident ☐ Intern ☐ Fellow-in-Training

☐ Undergraduate Student – *Any student who is seeking an undergraduate degree at an accredited educational institution may be admitted as an Undergraduate Student member. This class is non-voting.*

Students - Application is not considered complete without the following information.

Training Currently Engaged In _____

Name of Institution _____

City _____ State/Province _____

Director/Trainer Name and Title _____ Date Training to be Completed _____

Personal Email filled out in Applicant Information section

NO PAYMENT REQUIRED FOR STUDENT MEMBERSHIP - PLEASE CONTINUE TO SUBMIT APPLICATION

PAYMENT INFORMATION – IN U.S. DOLLARS

MEMBERSHIP FEES

Membership Fee Selected Above..... $ _____

Hard Copy of *Lasers in Surgery and Medicine* Journal – add $150 (Online Journal is included FREE with your membership)..... $ _____

ASLMS Research Fund Contribution ..... $ _____

Total (U.S.)..... $ _____

PAYMENT METHOD

Payment by Check ☐ Enclosed Payment must be made in U.S. dollars only and drawn on a U.S. bank. Make check payable to ASLMS.
Individuals from countries sanctioned by the U.S. Treasury Department's Office of Foreign Assets Control must use third-country financial institutions as intermediaries for all payments to the ASLMS.

Payment by Credit Card ☐ Visa ☐ MasterCard ☐ American Express

Credit Card # _____ Expiration Date (MM/YY)_____/ _____

Name on Card (print) _____

Signature_____

SUBMIT APPLICATION

- Mail your application to ASLMS 2100 Stewart Avenue, Suite 240; Wausau, WI 54401 -OR-
- Fax your application (715) 848-2493 -OR-
- Email your application to information@aslms.org
- You may provide your credit card information via phone: (715) 845-9283 or Toll Free (877) 258-6028