



Request for Membership

Name: _____ Birthdate: _____

Address: _____

Telephone: _____ E-mail: _____

University Degree: _____

Medical School: _____ Graduation year : _____

Residency: _____

Specialty: _____

Currently cosmetic surgeries and procedures practiced. Please list the average annual number of procedures performed in each category (i.e. surgery, laser procedures, injections, as well as publications) This information is used to determine Membership Status:

I understand that my membership in the Canadian Academy of Cosmetic Surgery (the Academy) obliges me to respect the current and future rules and regulations of the Academy. I understand that my membership in the Canadian Academy of Cosmetic Surgery is a privilege and not a right. I understand that, as a member, I am solely responsible for any and all damages or liability that is pursuant to my practice of techniques or surgeries discussed, or taught, by the Academy. I hereby agree to abide by my local rules of arbitration for any and all disputes or civil processes which I may be a party to as a member of the Canadian Academy of Cosmetic Surgery. I also attest that the information included in this document is accurate and true to the best of my knowledge.

Application fees:	Full-time physicians	\$300 _ (first year)
	Students:	\$100 _
	Renewal:	\$200 _

Payment Methods/Modes de Paiement:

Cheque/Money Orders payable to:
 The Canadian Academy of Cosmetic Surgery, 70 De l'Eglise, Montreal, QC, Canada, H4G 2L9

Visa / Mastercard: _____

Card Number: _____ Exp.: _____

I hereby authorize the Canadian Academy of Cosmetic Surgery to bill my credit card:

Signature: _____ Date: _____

Please Fax this form back to 514-761-2059