



APPLICATION FORM FOR MEMBERSHIP

MEMBERSHIP CATEGORY YOU ARE APPLYING FOR

- ORDINARY RESIDENT HONORARY
 ASSOCIATE CORPORATE

DATE

DEGREE / TITEL

DATE OF BIRTH

FIRST NAME / MIDDLE INITIAL

LAST NAME

CONTACT ADDRESS

- WORK MAILING ADDRESS HOME ADDRESS

CLINIC / PRACTICE

ADDRESS

CITY

ZIP

STATE

COUNTRY

TELEPHONE

FAX

EMAIL

EDUCATION / INSTITUTION

UNDERGRADUATE

DEGREE

YEAR COMPLETED

MEDICAL OR GRADUATE SCHOOL

DEGREE

YEAR COMPLETED

OTHER SPECIALTY TRAINING

YEAR COMPLETED

POST-DERMATOLOGY RESIDENCY FELLOWSHIP (IF APPLICABLE)

YEAR COMPLETED

Are you currently practicing chemical peels within your practice or clinic full time?

- YES NO

If yes, please indicate the type of practice

- SOLO CLINIC GROUP OTHER

ENDORSERS

Please list names of two members of the International Peeling Society from whom the Membership Committee may request letters of endorsement. Please contact IPS Secretarial Office if endorsers are needed.

IPS MEMBER ENDORSER 1

IPS MEMBER ENDORSER 2

I affirm that all above information submitted is complete and correct.

DATE

SIGNATURE

MEMBERSHIP CATEGORIES

1. ORDINARY:

Dermatologist or Plastic Surgeon supported by MD and Dermatology/Plastic Surgeon diplomas. Can vote and be elected for all the society functions. Pays regular annual membership fee.

2. ASSOCIATE:

MD, not Dermatologist or Plastic Surgeon. Supported by MD diploma. Pharmacist, supported by appropriate diploma (relevant for each country). Can vote, but cannot be elected to Executive Board. Can be elected for Advisory Council. Pays regular annual membership fee.

3. RESIDENT:

Supported by MD diploma and letter from head of residency program. Can vote, but cannot be elected to Executive Board. Can be elected for Advisory Council. Pays reduced annual membership fee.

4. CORPORATE:

Employees/customers from our industry partners. Cannot vote, cannot be elected to Executive Board. Can be elected for Advisory Council. Does not pay annual membership fee.

5. HONORARY:

By decision of Executive Board (2/3 vote). Can vote and be elected for all society functions. Does not pay annual membership fee.

ANNUAL MEMBERSHIP FEE DETAILS

RESIDENTS: \$50

MEMBERS FROM UNDEVELOPED COUNTRIES: \$80

REGULAR FEE: \$100

METHODS OF PAYMENT

BANK TRANSFER

International Peeling Society
IBAN: CH54 0900 0000 9142 6539 9
BIC: POFICHBEXXX
Postfinance – CH-3030 BERN

CHECK (PAYABLE TO IPS)

LA COLLINE
Centre de Chirurgie Plastique et Esthétique
Dr. Jean Luc Vigneron
Avenue de la Roseraie 76A
1205 GENEVE – SUISSE

RETURN TO IPS SECRETARIAL OFFICE

E-mail: contact@peelingsociety.com

Fax: +49 4241 - 93 32 65

