



Graduate/Undergraduate Student Membership Application

2100 Stewart Avenue, Suite 240
Wausau, WI 54401
Phone: (715) 845-9283
Fax: (715) 848-2493
E-Mail: ddodds@aslms.org

APPLICANT INFORMATION

First Name		Last Name		Full Middle Name	
Title			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Practice / Business Name					
Street Address					
Additional Address (i.e., Suite #)			City		
State/Province		Zip/Postal Code		Country	
Telephone			Fax		
E-Mail Address			Web-Site Address		

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

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.

SPECIALTY	YEAR	ACCREDITING AGENCY

LASER EXPERIENCE *(If Any)*

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LASER PROCEDURES

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

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MEMBERSHIP CATEGORY

Graduate Student - Any scientist, engineer, physician, or health care provider 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.

Undergraduate Student - A 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. Undergraduate Student members shall not be required to pay dues or assessments.

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 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.

No

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 If yes, please attach a statement describing the dates, nature, and outcome of the complaint or proceedings and any relevant information.

No

HOW DID YOU HEAR ABOUT ASLMS?

- | | |
|---|--|
| <input type="checkbox"/> ASLMS Member (Name: _____) | <input type="checkbox"/> ASLMS Annual Conference |
| <input type="checkbox"/> Referral from Industry (Company Name: _____) | <input type="checkbox"/> Direct Mailing |
| <input type="checkbox"/> Publication Ad (Publication Name: _____) | <input type="checkbox"/> ASLMS Website |
| <input type="checkbox"/> News Article (Publication Name: _____) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other Specialty Society Meetings (Name of Society: _____) | |

DISCRIMINATION POLICY

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.

SIGNATURE

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, e-mail address, telephone number, and fax number, I consent to receive communications sent by or on behalf of the ASLMS via regular mail, e-mail, telephone or fax.

Type Your Full Name:

Date:



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TRAINING

First Name	Last Name	Title
Training Currently Engaged In		
Name of Institution		
City	State/Province	
Board Certification <small>(Applies to Graduate Students Only with Certification by the ABMS, APMA, AOA, RCPS, CFPC, ADA)</small>		
Date Training to be Completed		

DIRECTOR CONTACT

First Name	Last Name	Title
Institution Name		
Street Address		
Additional Address (i.e., Suite #)	City	
State/Province	Zip/Postal Code	Country
Telephone	Fax	
E-Mail Address		

ADDITIONAL INFORMATION (REQUIRED)



Please send a letter from your director of training indicating which training program you are currently enrolled in and the approximate date of completion to:

ATT: Diane Dodds
Member and Customer Service Assistant
American Society for Laser Medicine and Surgery, Inc.
2100 Stewart Avenue, Suite 240
Wausau, WI 54401
Phone: (715) 845-9283
Fax: (715) 848-2493
E-Mail: ddodds@aslms.org

NOTE: Electronic applications are preferred. Use the "Submit by E-mail" button which will open your E-mail browser and automatically address the E-mail to the ASLMS Central Office. Please do not alter who the E-mail is addressed to as this will result in transmission of a blank application. Applications via fax and mail are acceptable. Please print a copy of the application for your records. A confirmation E-Mail will be sent to you within 2 business days. If you do not receive a confirmation, please contact ASLMS.