

New England Society of Plastic and Reconstructive Surgeons, Inc.

Associate Membership Application

Name: _____

Date of Birth: _____

Office Address: _____

Office Telephone: _____

Home Address: _____

Home Telephone: _____

E-Mail Address: _____

Appointment/Affiliation: _____

Name of Spouse (if any): _____

Please send the reference forms to two sponsors for your membership application.

Sponsor 1 - _____
[PRINTED NAME of a Member of N.E.S.P.R.S. who knows you/your work.]

[SIGNATURE OF SPONSOR 1]

Sponsor 2 - _____
[PRINTED NAME of a Member of N.E.S.P.R.S. who knows you/your work.]

[SIGNATURE OF SPONSOR 2]

Please send your Application and Curriculum Vitae to:

Charlotte Constantian, NESPRS, PO Box 273, Nashua, NH 03061

[Applications completed by April 15th each year will be submitted by the Membership Chair to the Executive Council/All Members to be voted upon at the upcoming Annual Meeting.]

I here agree to comply with the Constitution and By-Laws of the New England Society of Plastic and Reconstructive Surgeons, Inc., and pay all dues and assessments promptly.

(Signature)

(Date)

New England Society of Plastic and Reconstructive Surgeons, Inc.

Associate Membership Sponsor Letter

Applicant Name: _____

- (1) How long have you known the applicant personally? _____ years
- (2) Do you feel qualified in commenting on the applicant's professional ability?
_____ Yes _____ No
- (3) Is the applicant associated with a plastic surgery practice? _____ Yes _____ No
- (4) Do you know of any past or pending adverse action taken which could restrict the applicant's nurse practitioner license, physician assistant license, or any hospital privilege? _____ Yes _____ No
- (5) In your opinion, how are the applicant's professional ability?
_____ Excellent _____ Good _____ Satisfactory _____ Unsatisfactory _____ Unknown
- (6) In your opinion, how is the applicant's ethical standard?
_____ Excellent _____ Good _____ Satisfactory _____ Unsatisfactory _____ Unknown
- (7) Do you recommend this applicant for Associate Membership in the New England Society of Plastic and Reconstructive Surgeons, Inc? _____ Yes _____ No

Please provide your supporting comments. (Required)

Sponsor Name: _____ Telephone: _____

Office Address: _____

(Signature) _____

(Date) _____

Thank you for your assistance. Please send this sponsor letter to:
Charlotte Constantian, NESPRS, PO Box 273, Nashua, NH 03061

