



## AMERICAN ACADEMY OF AESTHETIC MEDICINE – AAAM

The AAAM is dedicated to the teaching of aesthetic medicine to licensed physicians who have a scientific interest in exploring the aesthetic medical facet of their clinical practice. This can enhance your practice no matter what the medical specialty, therefore, membership in the AAAM is open to a wide variety of medical practitioners; dermatologists, cosmetic surgeons, endocrinologists, family practitioners, and general practitioners,

The AAAM's goal is to provide quality education for the development of clinical skills in aesthetic medicine to our members, by organizing and sponsoring congresses, board certification courses, and workshops throughout the United States, Asia, Europe, Mid-East and South Africa. This clinical training will equip aesthetic medical practitioners with the latest national and international techniques, technologies, pharmaceuticals and programs that focus on aesthetic medicine.

An important benefit of membership in the AAAM for physicians practicing aesthetic medicine is the role of the AAAM internationally. The American Academy of Aesthetic medicine is the 15th member country of the International Union of Aesthetic Medicine (UIIME). The UIIME membership is currently represented in 29 member societies worldwide.

### Just a few of the benefits AAAM members receive include:

- Discounts for registrations to all congresses sponsored by the UIIME and the AAAM
- Discounts for registrations to all AAAM courses (web site [www.aaamed.org](http://www.aaamed.org))
- Newsletters and bulletins that feature leading edge information and details on meetings and workshops in your area
- A bi-annual subscription to *American Journal of Aesthetic Medicine*

### MEMBERSHIP CATEGORIES AND FEES (Add a \$25 administration fee to total).

- **Regular Member** (MD, DO, DDS, ND, etc.)  
**US \$175.00**
- **Affiliate Member** (RN, NP, LPN, PA, etc.)  
**US \$95.00**
- **Resident Member** (MD, DO, DDS, ND, PHD, etc.)  
**US \$125.00 (indicate year of graduation\_\_\_\_\_)**
- **Associated Member** (Industry, Pharmacists, Chemists)  
**US \$250.00**
- **Sponsorship Member** (Industry and/or individuals who wish to become a Sponsorship Member play an important role in allowing the AAAM to provide regular printed material to the membership and keep AAAM Members connected with the Aesthetic Medicine Community. Sponsoring members are recognized for their contribution to AAAM at all AAAM Congresses and Courses, receive recognition in printed material and on the web, and are entitled to discounted rates in the Exhibit portion of each meeting. Please contact us for more information.  
**US \$2,500.00**

The membership application fees above cover your membership on a 12-month basis and will expire on the same day the following year.



# AAAM Membership Application Form

Fast Join at: [www.aaamed.org/Mbr\\_Join.cfm](http://www.aaamed.org/Mbr_Join.cfm)

## Your information:

Title:  Dr.  Prof.  Mrs.  Mr.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name/Surname: \_\_\_\_\_

Designation:  MD  DO  DDS  PhD  ND Other \_\_\_\_\_

Your name as you wish it to appear on your AAAM Membership Certificate (example: John R. Smith, MD):

\_\_\_\_\_

Practice/Organization Name (Leave blank if none): \_\_\_\_\_

Field of Medical Practice (Example: General Practitioner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address Line 2 (If necessary): \_\_\_\_\_

City: \_\_\_\_\_ US State or Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

## Membership Categories: (Add US \$25 Administration Fee to all categories)

- Regular Member (US \$175.00) (Physicians only)
- Affiliate Member (US \$95.00) (Nurses, Physician Assistants)
- Associated Member (US \$250.00) (Industry, Pharmacists, Chemists, etc.)
- Sponsorship Member (US \$2,500.00)

**Payment:**  Check  Visa  MasterCard  Amex  Wire Transfer

Name that appears on the credit card: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration (month/year) \_\_\_\_\_

CSV Code (3 digit code on back of card) \_\_\_\_\_  I authorize AAAM to charge my credit card . Amt:\$ \_\_\_\_\_

Credit Card billing address if different than above: \_\_\_\_\_

\_\_\_\_\_

### AAAM Contact and Mailing Information:

If paying by **cheque**, make check payable to **AAAM** and mail to:

**Mail: AAAM Membership**

3151 Barkentine Road, Rancho Palos Verdes, CA 90275 USA

**Fax** to +1-415-796-0790 or **email** to [membership@aaamed.org](mailto:membership@aaamed.org) with payment details.

Your application will be confirmed by email when your payment is processed. Your AAAM Membership Certificate will be mailed within 2 weeks. Please allow an additional 2 weeks for mail sent outside the US.

All **enquiries**, contact **Jess Anne Foong** at +65 6395 9401 or [membership@aaamed.org](mailto:membership@aaamed.org)