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## Membership Application

Full Name \_\_\_\_\_  
Last First Middle

Office Address \_\_\_\_\_  
Street City State Zip Country

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Medical Specialty \_\_\_\_\_ Circle One: MD DO NP RN PA DDS OMFS

License# \_\_\_\_\_ (Issuing State or Province/Country) \_\_\_\_\_

Type of Residency \_\_\_\_\_ Aesthetics is \_\_\_\_\_% of My Current Practice

Years In Aesthetic Practice \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (Circle One): M F

Inaugural Membership Fee: \$250.00 (Annual Membership **FREE** with \$495.00 Registration for 2017 Boot Camp)

Credit Card Payment: VISA MasterCard AMEX DISC Make Checks Out To: AMAA

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Vcode \_\_\_\_\_

Name (As It Appears On Card) \_\_\_\_\_

I agree that membership in the American MedAesthetic Association (AMAA) is a privilege not a right. I recognize that the contents of this application will be seen by individuals working for the Association. By signing this agreement I attest that I am licensed to practice medicine in the specialty I indicated above. I agree to surrender my membership and return my certificate if my license to practice medicine is revoked, suspended or limited beyond its present state, or if membership is revoked or terminated for such other cause as may be provided by the bylaws of the Association. Moreover, I acknowledge that membership in the Association does not qualify me as a certified practitioner of cosmetic procedures, and that membership alone in said Association is for educational purposes to advance knowledge and experience. Additionally, I agree to adhere to all rules regulations and policies as adopted by the American MedAesthetic Association. I also understand that membership in the AMAA does not give me license to perform cosmetic procedures; it only expresses my interest and participation in the studying of these techniques. I hereby acknowledge and authorize the use of demographic information I have provided for analysis and dissemination by the American MedAesthetic Association provided my identity is kept confidential.

Signature \_\_\_\_\_ Date \_\_\_\_\_