

Please provide this form to your sponsor for completion. Before submitting, please be sure that the sponsor is an ASAPs Active/Life Member and that ALL information below is completed. Forms missing the requested information will be sent back to the applicant for completion before the application can be submitted for further review.

FOR SPONSORS USE ONLY

The applicant listed on this form is applying for Active Membership in The Aesthetic Society. The Aesthetic Society requires that a recommendation letter be submitted for all applicants.

As a sponsor, you must be able to attest truthfully to the following statements and be prepared to discuss the applicant with the Application Review Committee Representative. If you do not know the applicant personally and professionally, you may not act as a sponsor. The sponsor is expected to be familiar with the applicant's current practice; references from surgeons who have had little or no contact with the applicant in the last five years are not acceptable. Sponsors may not be family members, partners, or associates within the same practice.

Sponsor Name _____ Signature _____

I am an ASAPs Active Member OR an ASAPs Life Member Date _____ Telephone _____

I HEREBY RECOMMEND:

Applicant's Name: _____

1. How many years have you observed the applicant's professional practice? _____
2. Do you know any past, present or pending adverse action taken, which could you limit or restrict the applicant's medical license or hospital staff privileges at any hospital? ☐ YES ☐ NO
3. What is your opinion of the applicant's professional and ethical standing among physicians in his/her community? ☐ EXCELLENT ☐ GOOD ☐ SATISFACTORY ☐ NOT SATISFACTORY

In 100 words or less, please explain why this individual should be elected to Active Membership in the Society. Please note, that the information provided will be reviewed closely by the Application Review Committee to assist in the review process and will better inform the Committee as to the abilities of the applicant.

PLEASE RETURN YOUR COMPLETED SPONSORSHIP FORM TO MARISSA SIMPSON:

✉ E-mail: marissa@surgery.org 📠 Via Fax: (562) 799-1098

📍 11262 Monarch Street, Garden Grove, CA 92841, USA ☎ 562/799-2356