

**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, 19 Tyler St., Suite 302, Nashua, NH 03060

[Applications completed by April 15<sup>th</sup> 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 by to:

Charlotte Constantian, NESPRS, 19 Tyler Street, Suite 302, Nashua, NH 03060

**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 by to:

Charlotte Constantian, NESPRS, 19 Tyler Street, Suite 302, Nashua, NH 03060