



# American Society for Metabolic and Bariatric Surgery Membership Application – Candidate Membership

## Candidate Membership Requirements

- Current enrollment as a Medical Student, Resident or Fellow in an accredited program of surgical education or research
- The program director must sign the application as verification of participation in an accredited training program
- Submission of a current Curriculum Vitae
- Candidate members must renew their candidate membership on an annual basis. Upon completion of training program, Candidate members should apply for full membership as a Regular, Affiliate or International member.
- **All entries must be completed. Please print or type clearly.**

## Contact Information

### Applicant's Full Name:

\_\_\_\_\_

(Last) (First) (Middle Initial) (Title/Credentials)

\_\_\_\_\_  Directory  Mailing  Both

(Company/Organization/Institution)

\_\_\_\_\_

(Street Address) (Suite/Room/Department)

\_\_\_\_\_

(City) (State/Province) (Zip/Postal Code) (Country)

\_\_\_\_\_

(Business Phone Number) (Business Fax Number) (Cell Phone Number)

\_\_\_\_\_

(Primary Email) (Alternate Email)

\_\_\_\_\_

(Website Address) (Birthday – mm/dd/yyyy) (Citizenship)

\_\_\_\_\_

(Professional Title) (Present Position)

### Gender (optional):

- Female  Male  Non-binary/third gender
- Prefer to self-describe \_\_\_\_\_  Prefer not to say

### Ethnicity (optional):

- Hispanic or Latino or Spanish Origin of any race  American Indian or Alaskan Native
- Asian  Native Hawaiian or other Pacific Islander
- Black or African American  White
- Race and Ethnicity unknown  Multiracial

### Board Certification (please check all that apply)

- Certified by the American Board of Surgery
- Certified by the American Board of Osteopathic Surgery
- Fellow of the American College of Surgery
- Fellow of the Royal College of Surgery of \_\_\_\_\_

### Fellowships and Memberships (please check all that apply)

- AMA  ACS  SAGES  SSAT  TOS  Other \_\_\_\_\_  None of the above
- OMA  ACA  ABE  ASCE  ACOS

## Education/Training

Currently training as a  **Medical Student**  **Resident**  **Fellow**

Dates of participation: From \_\_\_\_\_ To \_\_\_\_\_

Name of Institution \_\_\_\_\_

Program Director \_\_\_\_\_

PD Address \_\_\_\_\_

PD Phone \_\_\_\_\_

PD Email \_\_\_\_\_

## Procedures (Please circle the types of bariatric surgeries you perform while in training)

**Please check the types of bariatric surgeries you perform**

- |                               |                                      |                                  |   |
|-------------------------------|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> SADI | Single Anastomosis Duodeno-ileostomy |                                  |   |
| <input type="checkbox"/> BEP  | Bariatric Endoscopy Procedures       |                                  |   |
| <input type="checkbox"/> GBP  | Standard Roux-En-Y Gastric Bypass    | <input type="checkbox"/> LBPD/DS | Laparoscopic BPD & Duodenal Switch        |
| <input type="checkbox"/> OGBP | Other Gastric Bypass Procedures      | <input type="checkbox"/> LBPD    | Laparoscopic Bilopancreatic Diversion     |
| <input type="checkbox"/> SG   | Laparoscopic Sleeve Gastrectomy      | <input type="checkbox"/> BPD/DS  | BPD & Duodenal Switch                     |
| <input type="checkbox"/> OAGB | One Anastomosis Gastric Bypass       | <input type="checkbox"/> PED     | Pediatric (Patients under 18)             |
| <input type="checkbox"/> GB   | Gastric Banding                      | <input type="checkbox"/> FOLL    | Willing to Follow Other Surgeons Patients |
| <input type="checkbox"/> IGB  | Intragastric Balloon                 | <input type="checkbox"/> REV     | Revision/Conversion of Prior Procedure    |
| <input type="checkbox"/> OGR  | Other Gastric Restriction            | <input type="checkbox"/> N/A     | Not a bariatric surgeon                   |

## Membership Dues and SOARD

Candidate dues are complimentary with verification of currently enrollment in an accredited training program.

### Your Membership Includes:

- Membership Discount to Obesity Surgery
  - Visit [ifso.com/join-ifso](http://ifso.com/join-ifso) to subscribe to IFSO's official journal, Obesity Surgery at the member rate
- SOARD Subscription
  - Your membership includes a free online subscription to Surgery for Obesity and Related Diseases (SOARD)
    - SOARD PRINT (\$66)

### **Individuals Employed by a Commercial Entity**

A full copy of the policy is available upon request.

ASMBS is a professional healthcare society and its membership is derived from healthcare professionals.

For the purposes of this policy, employment by industry exists when greater than 50% of an individual's compensation and benefits are derived from a commercial entity.

Are you currently employed by Industry  Yes  No  Not Sure

If you check yes or not sure, the ASMBS Membership Manager will be in touch to obtain information regarding your employment and qualifying for membership.

---



Invest in the future of obesity research and education by donating to the ASMBS Foundation. The ASMBS Foundation is a 501(c)(3) charitable organization, and as such, contributions are deductible for federal income tax purposes (to the extent provided by law).

- \$25   
 \$100- *Friend*   
 \$500- *Donor*   
 \$1,000- *Supporter*   
 **Other** \_\_\_\_\_ (please enter amount)



**Make an ObesityPAC Contribution (Optional)**

Despite the undeniable evidence of the dangers of obesity and the efficacy of metabolic and bariatric surgery. Coverage is minimal across the United States. **ObesityPAC's mission is to secure nationwide coverage of bariatric surgery-starting with state healthcare exchanges.** As an ASMBS member, you can contribute to this mission by pledging financial support to the ObesityPAC initiative.

- I'd like to make a **one-time** contribution to ObesityPAC                      Donation amount: \$ \_\_\_\_\_

**NOTE:** ObesityPAC also offers the option to set-up a recurring monthly contribution, so you can spread your contribution across the calendar year. If you would like to set-up a recurring contribution, visit [asmbs.org](http://asmbs.org)

Contributions to American Society for Metabolic and Bariatric Surgery Political Action Committee, Inc. (ObesityPAC) are not deductible as charitable contributions for Federal income tax purposes. ObesityPAC is funded by voluntary contributions. You have the right to refuse to contribute without reprisal. Contributions will be used for political purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year. The recommended contribution amounts are only suggestions. You may give more or less than the suggested amount. The American Society for Metabolic and Bariatric Surgery will not favor or disadvantage anyone by reason of the amount of their contribution or their decision not to contribute. Contributions must be made with personal funds only. You must be a US citizen or permanent resident (green card holder) to contribute

Item (please list each payment and total)	Item Total
Membership Dues	
Optional <i>SOARD</i> Subscription	
Optional State Chapter Dues	
Optional ASMBS Foundation Donation	
Optional ASMBS ObesityPAC Donation	

**Total**

\$

**Payment Method**

- Check                     
 Credit Card

Add all the dollar amounts for your chosen options to your base membership cost, and enter that total here.

**Authorization**

I authorize the ASMBs to obtain information from societies, hospital staffs, members and other sources regarding this application and my qualifications for membership which will be kept confidential by the ASMBS. To the best of my knowledge, I state the information on this application to be accurate.

**Applicant's signature**

**Date**

Upon submission of a completed application, the application is sent to the ASMBS Membership Committee for review. It can take approximately 4-6 weeks for approval. Pending members are eligible for the reduced member rate for all educational meeting and symposiums.

*The American Society for Metabolic and Bariatric Surgery prohibits discrimination against any member or any applicant for membership because of race, color, gender, national or ethnic origin, age, religion, disability, sex, or any other characteristic protected under applicable federal or state law.*

**To remit or for questions and inquiries, please contact ASMBS Member Services:**

ASMBS Member Services  
14260 W. Newberry Road #418 Newberry, FL 32669-2765  
P: 352.331.4900 F: 352.331.4975  
Email: [membership@asmbs.org](mailto:membership@asmbs.org) Website: [www.asmb.org](http://www.asmb.org)

**Payment (not required when applying)**

A check (\$USD only) is enclosed. Please make checks payable to ASMBS.

A check will be sent under separate cover. (This will delay the processing of your application.)

I authorized you to charge my:  VISA  MasterCard  American Express  Discover

Card number \_\_\_\_\_ Expiration \_\_\_\_\_

CCV \_\_\_\_\_ Amount \_\_\_\_\_

Billing Address

\_\_\_\_\_

Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_