American Society for Metabolic and Bariatric Surgery
Integrated Health Member Application and Instructions

Integrated Health Membership Categories

Associate Member
Health Care Professionals working in the field of bariatric surgery (i.e., nurse, psychologist, dietitian, physician assistant, exercise physiologist, researcher). Requires a Letter of Recommendation from a Regular (surgeon), Senior, or Associate Member.

International Associate Member
Health Care Professionals working in the field of bariatric surgery outside of the United States. Requires a Letter of Recommendation from an International (surgeon), Senior, or International Associate member.

Affiliate Member
Persons actively employed in a bariatric surgical practice or hospital based bariatric program who do not otherwise meet the requirements for Associate membership. Requires a Letter of Recommendation from a Regular (surgeon), Senior, or Associate member.

International Affiliate Member
Persons actively employed in a bariatric surgical practice or hospital based bariatric program outside of the United States, who do not otherwise meet the requirements for Associate membership. Requires a Letter of Recommendation from an International (surgeon), Senior, or International Associate member.

Student Member
Full-time Students in a relevant Integrated Health Discipline. Documentation of Full-time enrollment in the course of study must be included. Requires a Letter or Recommendation from a Regular (surgeon), Senior, or Associate member.

Application Instructions

Please complete all entries. Missing or incomplete entries will delay application approval. In addition to the completed membership application form, the following items must be submitted:

1) A letter of recommendation form* completed by a Regular (surgeon), Senior, or Associate** member in good standing of the ASMBS. A form is provided for the applicant on page 5 of the application. It is the responsibility of the applicant to request the form be sent to the society office.
2) A current Curriculum Vitae (or resume) which includes education and past work experience.
3) A copy of your state license, registration or certification (if applicable).
4) Membership payment

*For those applicants who need assistance obtaining a letter of recommendation, please contact ih-membership@asmbs.org

**International applicants may have an International Member or International Associate member complete the letter of recommendation form.

Instructions: Please complete all entries. Missing or incomplete entries will delay application approval.

Name _____
Last First Middle Credentials

Certification (if any) _____

Institution_____

Adress1_____

Adress2_____

City_____State_____Zip_____Country_____

Phone_____ Cell_____

Email_____Website_____

Citizenship: _____Birthdate: _____

Who referred you to apply or how did you hear about ASMBS Membership: _____

☐ **I would like to share my email with the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)**

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

License or Registration Number_____ (Copy of license/registration required)

Please select one from each category:

Primary Discipline (select all that apply)
☐ Advanced Practice Provider ☐ Nursing ☐ Pharmacist
☐ Behavioral Health ☐ Nutrition ☐ Other_____
☐ Exercise ☐ Office staff/Scheduler/Insurance Coordinator

Practice Roles (select all that apply)
☐ Administration (non-licensed) ☐ Dietitian ☐ Physical Therapist
☐ Bariatric Coordinator ☐ Exercise Physiologist ☐ Licensed Clinical Social Worker (PhD, DSW, LCSW, LISW) ☐ Psychiatrist (MD, DO)
☐ Bariatric Program Director ☐ Psychologist (PhD, PsyD)
☐ Chief Nursing Officer ☐ Nurse ☐ Research
☐ Clinical Nurse Specialist ☐ Nurse Practitioner ☐ Other
☐ Clinical Reviewer ☐ Physician Assistant
☐ CRNA

Organizational Memberships (select all that apply)

□ AADE	□ ANA	□ NACNS
□ AANP	□ AND: WM DPG	□ TOS
□ AAPA	□ ASN	□ Other_____
□ ACSM	□ OMA	

Please check the appropriate membership category (see page one for details)

□ Associate (Annual Dues $125
□ International Associate (Annual Dues $95)
□ Affiliate (Annual Dues $100)
□ International Associate (Annual Dues $70)
□ Active Military (Annual Dues $60)
□ Student (Annual Dues $35)

□ I would like to receive an Annual subscription to SOARD, *Surgery for Obesity and Related Diseases* for an additional $75

State Chapters

Selecting a state chapter below will include your state chapter membership in your ASMBS dues.
Please note All states have a state chapter, however some chapters may not be eligible for payment through ASMBS. If you have any questions about state chapter membership, contact ASMBS or a representative from your state chapter.

□ Alabama +$50	□ Indiana +$25	□ Ohio/Kentucky +$25
□ Arizona +$25	□ Iowa +$25	□ Oklahoma +$25
□ California +$50	□ Kansas +$50	□ Oregon +$50
□ Carolinas +$25	□ Louisiana +$25	□ Pennsylvania +$50
□ Colorado +$50	□ Maryland +$50	□ Tennessee +50
□ Connecticut +$50	□ Michigan +$50	□ Texas +$50
□ Dakota Yellowstone +$25	□ Minnesota +$25	□ Virginias +$25
□ Delaware +$50	□ Mississippi +$25	□ Washington +$25
□ Florida, Puerto Rico & Caribbean +$50	□ Missouri +$50	□ Wisconsin +$25
□ Georgia +$100	□ Nebraska +$50	
□ Illinois +$25	□ New York +$50	

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 (opt out)** ☐ **$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

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 *SOARD* Subscription- $75	
Optional State Chapter Dues	
Optional ASMBS Foundation Donation	
Optional ASMBS ObesityPAC Donation	

Total

$

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

Payment Method

☐ Check ☐ Credit Card

Applicant Signature_____**Date**_____

☐ **I need assistance obtaining a letter of recommendation form**

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.

Integrated Health Letter of Recommendation Form

To be completed by a Regular, Senior or Associate member only

Name of Applicant: _____

Please answer all the questions below. Do not leave any questions blank.

1. How long have you known the applicant? _____

2. Is the applicant actively employed in the field of bariatric surgery? ☐ **Yes** ☐ **No**

   How long? _____
   Job Title_____
   Brief Job Description _____
   _____

3. To the best of your knowledge, has the applicant's license, clinical privileges, staff membership or other professional status ever been denied, challenged suspended, revoked, modified or voluntarily surrendered? ☐ **Yes** ☐ **No**

Additional Comments (attach if necessary): _____

Name of Sponsor: _____
Address: _____
Phone: _____

Signature of Sponsor _____Date _____

Please direct all correspondence to
Member Services, 100 SW 75th Street, Suite 201, Gainesville, FL 32607
Phone: 352.331.4900 Fax: 352.331.4975 Email: beth@asmbs.org