



### **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](mailto:ih-membership@asmbs.org)

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

Please review the instructions on page one before submitting your application. Remember all entries must be completed. Missing or incomplete entries will delay the processing and approval of your application. **Please print or type clearly.**

## Contact Information

### Applicant's Full Name:

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

Certification (if any) \_\_\_\_\_

\_\_\_\_\_  
(Company/Organization/Institution)  Directory  Mailing  Both

\_\_\_\_\_  
(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)

License or Registration Number \_\_\_\_\_ (Copy of license/registration required)

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

### Primary Discipline (select all that apply):

Advanced Practice Provider  Office staff/Scheduler/Insurance  
 Behavioral Health  Coordinator  
 Exercise  Pharmacist  
 Nursing  Other \_\_\_\_\_  
 Nutrition

### Practice Roles (select all that apply):

Administration (non-licensed)  Licensed Clinical Social Worker  Other  
 Bariatric Coordinator (PhD, DSW, LCSW, LISW)  
 Bariatric Program Director  Nurse  
 Chief Nursing Officer  Nurse Practitioner  
 Clinical Nurse Specialist  Physician Assistant

- |  |   |
|--|---|
| <input type="checkbox"/> Clinical Reviewer     | <input type="checkbox"/> Physical Therapist       |
| <input type="checkbox"/> CRNA                  | <input type="checkbox"/> Psychiatrist (MD, DO)    |
| <input type="checkbox"/> Dietitian             | <input type="checkbox"/> Psychologist (PhD, PsyD) |
| <input type="checkbox"/> Exercise Physiologist | <input type="checkbox"/> Research                 |

**Organizational Memberships (select all that apply):**

- |                               |                                      |                                      |
|-------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> AADE | <input type="checkbox"/> ANA         | <input type="checkbox"/> NACNS       |
| <input type="checkbox"/> AANP | <input type="checkbox"/> AND: WM DPG | <input type="checkbox"/> TOS         |
| <input type="checkbox"/> AAPA | <input type="checkbox"/> ASN         | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> ACSM | <input type="checkbox"/> OMA         |                                      |

**Membership Category** Please select one (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:

- Online Only \$30    Print and Online \$96

**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.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Alabama +\$50                          | <input type="checkbox"/> Indiana +\$25     | <input type="checkbox"/> Ohio/Kentucky +\$25 |
| <input type="checkbox"/> Arizona +\$25                          | <input type="checkbox"/> Iowa +\$25        | <input type="checkbox"/> Oklahoma +\$25      |
| <input type="checkbox"/> California +\$50                       | <input type="checkbox"/> Kansas +\$50      | <input type="checkbox"/> Oregon +\$50        |
| <input type="checkbox"/> Carolinas +\$25                        | <input type="checkbox"/> Louisiana +\$25   | <input type="checkbox"/> Pennsylvania +\$50  |
| <input type="checkbox"/> Colorado +\$50                         | <input type="checkbox"/> Maryland +\$50    | <input type="checkbox"/> Tennessee +50       |
| <input type="checkbox"/> Connecticut +\$50                      | <input type="checkbox"/> Michigan +\$50    | <input type="checkbox"/> Texas +\$50         |
| <input type="checkbox"/> Dakota Yellowstone +\$25               | <input type="checkbox"/> Minnesota +\$25   | <input type="checkbox"/> Virginias +\$25     |
| <input type="checkbox"/> Delaware +\$50                         | <input type="checkbox"/> Mississippi +\$25 | <input type="checkbox"/> Washington +\$25    |
| <input type="checkbox"/> Florida, Puerto Rico & Caribbean +\$50 | <input type="checkbox"/> Missouri +\$50    | <input type="checkbox"/> Wisconsin +\$25     |
| <br>  |  |  |
| <input type="checkbox"/> Georgia +\$100                         | <input type="checkbox"/> Nebraska +\$50    |  |
| <input type="checkbox"/> Illinois +\$25                         | <input type="checkbox"/> New York +\$50    |  |

## 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.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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



**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 \_\_\_\_\_

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.asmbs.org](http://www.asmbs.org)