



American Society for Metabolic and Bariatric Surgery Membership Application - Surgeon and Physician

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)
			<input type="checkbox"/> Directory <input type="checkbox"/> Mailing <input type="checkbox"/> 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):

- | | |
|---|--|
| <input type="checkbox"/> Hispanic or Latino or Spanish Origin of any race | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Race and Ethnicity unknown | <input type="checkbox"/> Multiracial |

Membership Category (Please select one)

- Regular (\$375) Regular Physician (\$375) Affiliate Surgeon (\$325) Affiliate Physician (\$325)
 International (\$295) Active Military (\$160 – Printed & Online SOARD) Active Military (\$60 – Online Only SOARD)

Your Membership Includes:

- Complimentary membership to the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)
- Membership Discount to Obesity Surgery
 - Visit ifso.com/join-ifso to subscribe to IFSO's official journal, Obesity Surgery at the member rate
- Complimentary membership to the Obesity Action Coalition (OAC)
- SOARD Subscription
 - Your membership includes a free online subscription to Surgery for Obesity and Related Diseases (SOARD)

Board Certification

- 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 _____

Primary Practice Settings

- Academic Private Practice Hospital Military/Government Other

Fellowships and Memberships

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

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 +\$100 | <input type="checkbox"/> Indiana +\$200 | <input type="checkbox"/> Ohio/Kentucky +\$75 |
| <input type="checkbox"/> Arizona (and AK, NM, UT) +\$75 | <input type="checkbox"/> Iowa +\$100 | <input type="checkbox"/> Oklahoma/Arkansas +\$100 |
| <input type="checkbox"/> California (and NV) +\$100 | <input type="checkbox"/> Kansas +\$100 | <input type="checkbox"/> Oregon +\$100 |
| <input type="checkbox"/> Carolinas +\$100 | <input type="checkbox"/> Louisiana +\$100 | <input type="checkbox"/> Pennsylvania +\$125 |
| <input type="checkbox"/> Colorado +\$150 | <input type="checkbox"/> Maryland +\$100 | <input type="checkbox"/> Tennessee +100 |
| <input type="checkbox"/> Connecticut +\$150 | <input type="checkbox"/> Michigan +\$125 | <input type="checkbox"/> Texas +\$120 |
| <input type="checkbox"/> Dakota Yellowstone (and ID, MT, SD, ND, WY)+\$100 | <input type="checkbox"/> Minnesota +\$100 | <input type="checkbox"/> Virginias +\$100 |
| <input type="checkbox"/> Delaware +\$125 | <input type="checkbox"/> Mississippi +\$100 | <input type="checkbox"/> Washington +\$100 |
| <input type="checkbox"/> Florida, Puerto Rico & Caribbean +\$125 | <input type="checkbox"/> Missouri +\$100 | <input type="checkbox"/> Wisconsin +\$100 |
| <input type="checkbox"/> Georgia +\$200 | <input type="checkbox"/> Nebraska +\$200 | |
| <input type="checkbox"/> Illinois +\$100 | <input type="checkbox"/> New York +\$150 | |

Licensure

- Has any action, in any jurisdiction, been taken regarding your license to practice medicine with within the last five years or extending to within the last five years? This includes actions involving revocation, suspension, limitation, probation, or any other sanctions or conditions imposed upon a license. YES NO
- Have you been the subject of any disciplinary action by a medical society or hospital staff within the last five years? YES NO
- Have you been convicted of fraud or a felon within the last five years? YES NO

Procedures

Please answer the following questions – if the answer is 0, please answer 0. Do not leave any fields blank

_____ Years involved in the field of bariatric surgery
_____ Number of bariatric procedures performed as the primary surgeon
_____ Percentage of practice devoted to bariatric surgery
_____ Number of patients being followed up

Please circle the types of bariatric surgeries you perform

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

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

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	
Add SOARD Print Subscription, +\$66 (online included)	
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 Website: www.asmbs.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 _____