



## MEMBERSHIP STATUS CHANGE FORM

- Please change my membership status from Candidate to Active. I became Board Certified on the following date \_\_\_\_\_. Attached is written verification of my certification by the ABMS (or the equivalent).
- Please change my membership status from Active to Senior.
- Please terminate my membership in ASMS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Member ID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**RETURN TO:**

American Society of Maxillofacial Surgeons  
Membership Committee  
444 East Algonquin Road  
Arlington Heights, IL 60005-4664

Phone: (800) 849-4682 • Fax: (847) 709-7545 • Email: [asms@plasticsurgery.org](mailto:asms@plasticsurgery.org)