

Membership Application

International Society of Hair Restoration Surgery

303 West State Street • Geneva, IL 60134 USA
Phone 800-444-2737 or 630-262-5399 • Fax 630-262-1520
E-mail: info@ishrs.org • Website: www.ishrs.org



The purposes of this Society are:

- A. To advance the art and science of hair restoration by licensed, experienced physicians who are qualified to practice this type of medicine and who will do so with the highest degree of skill and artistry. Also, to advance the level of knowledge of techniques and other issues concerning hair restoration among members of the Society's Auxiliary Assistants since their assistance is an essential factor in increasing the level of care and efficiency with which Physician Members treat our patients.
- B. To encourage the free interchange of ideas, knowledge, and experience among its Members and Auxiliary Assistant Members in order to maintain the skills and artistry of those members at the highest possible level of skill and knowledge.
- C. To encourage professional excellence and to promote amicable relations among the members.
- D. To encourage continuing medical education in hair restoration surgery.

With membership, all members receive a subscription to the Society's newsletter, *Hair Transplant Forum International*, which is published every other month. Physician, Adjunct, and Resident members also receive a subscription to the monthly journal, *Dermatologic Surgery*.

To complete this application:

1. Read the current ISHRS Bylaws and Code of Ethics and complete the signature line on the next page. The Bylaws and Code of Ethics can be obtained via the ISHRS website at www.ishrs.org, or you may phone the headquarters office at 630-262-5399 to request a copy.
2. Type or print the application form below. Mail completed form, required supporting materials, and application fee to: International Society of Hair Restoration Surgery, 303 West State Street, Geneva, IL 60134, USA. **Submit English translation of all documents, where applicable.**

Required supporting materials for each category -

Physician Member applicants: Copy of current medical license for the jurisdiction in which you will be listed on the ISHRS website.

Adjunct Member applicants: A letter of attestation of good moral character from a Physician Member of the Society, evidence of doctorate from degree granting institution, and a detailed statement outlining current academic activities in hair research.

Resident Member applicants: Copy of current medical license, and letter from residency program director.

Surgical Assistant Auxiliary Member applicants: Letter from employing Physician Member attesting to the fact that you are a current employee of that member.

PLEASE TYPE OR PRINT

Membership category in which you are applying: Physician Adjunct Resident Surgical Assistant

How did you hear about ISHRS? _____

NAME: _____
First Middle Initial Last Degree (e.g., MD, MBBS, PhD)

BIRTHDATE: _____ SEX: Male Female Send mail to my: Primary Alternate
Month/Day/Year

PRIMARY ADDRESS: _____

CITY: _____ STATE/REGION: _____

COUNTRY: _____ POSTAL CODE: _____

PHONE*: _____ FAX*: _____
*Please include country code if outside of the United States

E-MAIL: _____ WEBSITE: _____

ALTERNATE ADDRESS: _____

CITY: _____ STATE/REGION: _____

COUNTRY: _____ POSTAL CODE: _____

PHONE*: _____ FAX*: _____
*Please include country code if outside of the United States

E-MAIL: _____ WEBSITE: _____

Indicate address to be used in the Membership Directory? Primary Alternate

For Physician Member applicants, indicate address for the "Find a Doctor" search* on the ISHRS website? Primary Alternate

*Members are to be listed only for locations where they possess a valid unrestricted medical license. The member must notify the Secretary within 60 days if there is an error or change in their listing as it relates to where they possess a valid medical license.

PHYSICIAN AND RESIDENT APPLICANTS COMPLETE:

MEDICAL SCHOOL: _____

YR. ENTERED: _____ YR. COMPLETED: _____

INTERNSHIP: _____

YR. ENTERED: _____ YR. COMPLETED: _____

RESIDENCY: _____ TYPE: _____

YR. ENTERED: _____ YR. COMPLETED: _____

MEDICAL LICENSURE NUMBER: _____ DATE: _____

WHAT IS YOUR PRIMARY TRAINING BACKGROUND? *Must choose one from list.* _____

Specialty background information is for tracking and statistical purposes only.

SURGICAL ASSISTANT APPLICANTS COMPLETE:

CREDENTIALS: _____

EMPLOYING PHYSICIAN (must be a current ISHRS Physician Member): _____

ALL APPLICANTS COMPLETE:

AFFIRMATIONS

I, _____ hereby apply for membership in the International Society of Hair Restoration Surgery. (Hereafter referred to as ISHRS)

In consideration of ISHRS processing my application for membership, I hereby grant permission for the ISHRS to obtain information regarding hospital staff privileges and actions relating thereto, information from former medical society affiliations, specialty organizations, the American Medical Association, appropriate State medical societies, medical schools and other organizations providing medical training including internship and residencies.

I further authorize disclosure of information generally considered to be reliable which has a bearing on my professional competence, character and ethical qualifications to all hospitals and medical licensing and discipline boards who request such information.

I hereby release and hold harmless from any liability or loss, the ISHRS, its officers, agents, employees and members for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the ISHRS, to its authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for membership.

I further release from liability the ISHRS, its officers, agents, employees and members for delivery of information to any third party as authorized herein provided such delivery occurs prior to the acknowledged receipt, in the office of the ISHRS, or a written notice of revocation of this release.

I have read and understand the Bylaws and Code of Ethics. I hereby agree to abide by the Bylaws and Code of Ethics of the ISHRS and agree upon acceptance, that my membership in the ISHRS shall be conditional upon continued compliance of the aforementioned Bylaws and Code of Ethics.

I HEREBY AFFIRM AND REPRESENT THAT ALL STATEMENTS, ANSWERS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature _____ Date: _____

Send completed application, required supporting materials, and non-refundable application fee to:

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	Application Fee payable now	Annual Dues, subject to change (Invoiced after acceptance)
<input type="checkbox"/> Physician Member	\$75	\$510
<input type="checkbox"/> Adjunct Member	\$75	\$510
<input type="checkbox"/> Resident	\$25	\$185
<input type="checkbox"/> Surgical Assistant	\$25	\$125

Payment in U.S. Dollars must accompany application. Indicate method of payment below:

Check enclosed MasterCard Visa American Express

Card number: _____ Exp. Date: _____

Name on card (print): _____

Signature: _____



CLASSES OF MEMBERSHIP

Physician Member: Members of the Society shall be physicians (MD, DO, or Non-U.S. equivalent) of good moral character and standing in the community who are fully licensed to practice medicine, and have an interest in hair restoration and scalp surgery. Persons applying for the Physician Member category must complete the application and submit the following: a copy of current medical license for the jurisdiction in which the person will be listed on the ISHRS website.

- A \$75 non-refundable application fee, payable to the International Society of Hair Restoration Surgery, is due upon application submittal. Upon receipt of application, Member Pending shall receive a subscription to the bimonthly newsletter *Hair Transplant Forum International*. Upon acceptance at the annual meeting, Member Active shall receive the monthly journal, *Dermatologic Surgery*, and be assessed annual dues of \$510.

Adjunct Member: Adjunct members shall be individuals who: (i) hold a doctorate (PhD or the equivalent) in a biomedical-related area; (ii) devote the majority of their professional activities to hair research in an academic setting; and (iii) are of good moral character as attested to, in writing, by a Physician Member of the Society. Adjunct members may not vote or hold office. Persons applying for the adjunct category of membership must complete the application and submit the following: A letter of attestation of good moral character from a Physician member of the Society, evidence of doctorate from degree granting institution, and a detailed statement outlining current academic activities in hair research.

- A \$75 non-refundable application fee, payable to the International Society of Hair Restoration Surgery, is due upon application submittal. Upon receipt of application, Member Pending shall receive a subscription to the bimonthly newsletter *Hair Transplant Forum International*. Upon acceptance at the annual meeting, Member Active shall receive the monthly journal, *Dermatologic Surgery*, and be assessed annual dues of \$510.

Resident Member: Resident Members shall be physicians (M.D., D.O., or Non-U.S. equivalent) of good moral character and standing in the community who are actively enrolled in a recognized and accredited formal residency teaching program. The applicant for Resident Member status must present a letter from the Chief of Service or Program Director attesting to their moral character, their enrollment in the residency program, and recommending them for Resident Membership status in the Society. Resident Members shall pay lower yearly dues than members and shall not hold office. They may not vote in elections.

- A \$25 non-refundable application fee, payable to the International Society of Hair Restoration Surgery, is due upon application submittal. Upon receipt of application, Member Pending shall receive a subscription to the bimonthly newsletter *Hair Transplant Forum International*. Upon acceptance at the annual meeting, Member Active shall receive the monthly journal, *Dermatologic Surgery*, and be assessed annual dues of \$185.

Surgical Assistants Auxiliary: Application for Assistant membership in the Surgical Assistants Auxiliary must be accompanied by a letter attesting employment from a Physician Member of the Society who is the current employer of the applicant. When the employer of an Assistant Member ceases to be a member of the Society, the assistant's membership will continue only until the end of the current dues year unless the Assistant Member gains employment with another Physician Member of the Society. The Assistant Member must notify the Membership Chairman within 60 days of a change.

- A \$25 non-refundable application fee, payable to the International Society of Hair Restoration Surgery, is due upon application submittal. Upon receipt of application, Member Pending shall receive a subscription to the bimonthly newsletter *Hair Transplant Forum International*. Upon acceptance at the annual meeting, Member Active will be assessed annual dues of \$125.

List of Primary Training Background Specialties

Allergy and Immunology
Anesthesiology
Colon and Rectal Surgery³
Dermatology
Emergency Medicine
Family Medicine
Internal Medicine
Medical Genetics
Neurological Surgery
Nuclear Medicine
Obstetrics and Gynecology
Ophthalmology
Orthopedic Surgery
Otolaryngology
Pathology
Pediatrics
Physical Medicine and Rehabilitation
Plastic Surgery
Preventive Medicine
Psychiatry and Neurology
Radiology
Surgery
Thoracic Surgery
Urology
Other