



Resident Membership Application

The North Carolina Society of Plastic Surgeons invites you to apply for Resident membership.

The Resident membership category is new as of November 2019 and was voted on by our membership to engage all eligible residents in the state of North Carolina. Applications will be considered by our board as they are received. The general process for approval will take approximately 30 days.

RESIDENT MEMBERSHIP ELIGIBILITY:

Applicants applying for Resident membership **MUST** meet the following criteria:

- Actively enrolled in an approved North Carolina Residency program. (Wake Forest, Duke, UNC)
- In good standing in their residency program
- Of high moral and professional character

APPLICATION REQUIREMENTS:

- Determine your eligibility based on the description above
- Submit a completed application form
- Submit a current photo - electronic jpeg or png preferred
- Provide proof of good standing from your program director
- Submit a current CV or Biosketch

Upon approval of your application you will be added to our online membership roster, invited to attend our annual meetings, eligible to participate in the annual residency competition, and receive all notifications sent to membership. You will not be eligible to serve on the board or any committees and you will not have voting privileges.

There are no annual dues for Resident members still in training. Once your training is complete and you become board certified, you will be eligible to move into the Active membership category. Annual dues will be required once you become an Active member.

Application for Resident Membership

Complete the application form and e-mail or mail to the address below:

North Carolina Society of Plastic Surgeons

ATTN: Susan Russell, Executive Director

6300 Sagewood Drive, Suite H255

Park City, UT 84098

Phone: 435-200-8272 E-Mail: srussell@hdplanit.com

I AM APPLYING FOR _____ RESIDENT MEMBERSHIP

NAME: _____

PROFESSIONAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF INSTITUTION: _____

PROGRAM DIRECTOR: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MARITAL STATUS: _____ SPOUSE NAME: _____

OFFICE PHONE: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____

MEMBERSHIP ORGANIZATIONS IF ANY:

WHAT YEAR OF RESIDENCY ARE YOU IN? _____

LICENSE NUMBER(S): _____

DATE OF THIS APPLICATION: _____

By signing below you verify all information noted on this application is accurate:

Signature

NOVEMBER 2019 VERSION