

International Society for the Perioperative Care  
of the Obese Patient

APPLICATION FOR MEMBERSHIP

Please check appropriate category:

<input type="checkbox"/> Physician Member	\$100.00
<input type="checkbox"/> Nurse, Individual Industry Representative, Retired Physician	\$ 75.00
<input type="checkbox"/> Resident/Fellow, Paramedics/EMT, Flight Nurses, Technologists	\$ 50.00

Please print:

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ Middle Initial \_\_\_\_\_

DEGREE(S) \_\_\_\_\_ SPECIALTY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_

PHONE (COUNTRY CODE & AREA CODE) \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

Name of Hospital(s)/company where you work \_\_\_\_\_

Checks should be in U.S. dollars made payable to:

ISPCOP, Inc

Mail to:

Allan Reed, M.D. - Box 1010, One Gustave Levy Place, New York, NY  
10029-6574