



## APPLICATION FOR MEMBERSHIP CANADIAN LASER AND AESTHETIC SPECIALISTS SOCIETY

(Please Type Or Print)

1. Name and Title: \_\_\_\_\_ Birthdate:(D/M/Y)\_\_\_\_/\_\_\_\_/\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_
4. University Education: BA B.Sc. MA M.Sc. Ph.D.  
Other: \_\_\_\_\_
5. Medical School : \_\_\_\_\_ Year of Graduation: \_\_\_\_\_
6. Residency Training: \_\_\_\_\_
7. Specialty:  Dermatology  Ophthalmology  Otolaryngology  Plastic Surgery  Other: \_\_\_\_\_
8. Fellowships Held: (e.g. FRCS, FRCP, CFPC) \_\_\_\_\_
9. Laser Experience \_\_\_\_\_
10. Current Laser Procedures: Vascular lesions  Ectasia  Scars  Wrinkles  Blepharoplasty Tattoo  
 Pigmented lesions Other: \_\_\_\_\_
11. Statement of good standing:

- Have you ever been the subject of proceedings that could have resulted in revocation, suspension, or restriction of any professional license issued to you by a governmental authority? No Yes
- Have you ever been the subject of proceedings that restricted or revoked your hospital privileges?  
No Yes
- Have you ever been disciplined by an institution or professional organization, or are you currently the subject of disciplinary procedures? No Yes

**If yes** to any of the above, please attach a typewritten statement describing the dates, names, nature and final outcome of the proceedings and associated relevant information.

12. Please provide the names of two peer references who have personal knowledge and can attest to your professional competence and high ethical standards. References should be active or past members of CLASS. or specialist who meets the membership criteria and who is known to the executive and has shown sufficient interest and experience in the field of aesthetic medicine as determined by the Board of Directors.

1. \_\_\_\_\_

2. \_\_\_\_\_

13. **Pending approval, please indicate exactly how you wish your name to appear on your membership certificate:**

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**IMPORTANT:** I recognize that my application for membership in the Canadian Laser Aesthetic Surgery Society (CLASS) is subject to the Society's Articles of Incorporation, bylaws, and other rules and regulations that the Society may adopt. I acknowledge that membership in CLASS is a privilege, not a right. I agree to make no claim or complaint, either directly or indirectly, for any damage or liability against CLASS, its members, directors, officers, or agents for any damage or liability by reason of any action any of them may take in connection with this application. I swear that the application form and all submitted attachments have been filled out truthfully with no errors or omissions.

Signature: \_\_\_\_\_ at (city) \_\_\_\_\_ Date: \_\_\_\_\_



## CANADIAN LASER AND AESTHETIC SPECIALISTS SOCIETY APPLICATION FOR MEMBERSHIP

### INTRODUCTION

The Canadian Laser Aesthetic Surgery Society (CLASS) is a not for profit medical society incorporated under the federal laws of Canada. CLASS is dedicated to the pursuit of excellence in laser aesthetic surgery and is active in dissemination of information, education, preceptorship, and promotion of quality in all forms of aesthetic laser surgery. It is founded on the principle that the pursuit of excellence is best achieved by collaboration and cooperation between established specialties. Education and promotion of excellence will not only benefit our patients, but it will allow growth in this industry and provide you with the concomitant financial rewards.

### ELIGIBILITY & BENEFITS OF MEMBERSHIP

Fellows of the Royal College of Surgeons of Canada, FRCS(C), Fellows of the Royal College of Physicians of Canada (FRCP(C), or the College of Family Physicians Canada (CFPC) are eligible to become a charter member of the Corporation. While most members are Canadian, we desire and welcome members from all countries to join and participate actively in our society. Members have significantly reduced meeting registration fees, as well as further discounted fees for Junior Members in the first 3 years of practice. Annual Laser Safety Officer Certificate courses are offered annually and exclusively to CLASS members and their staff.

### **APPLICATION INSTRUCTIONS:**

#### **FOR FELLOW APPLICANTS**

Complete all parts of the application. Fill in 'none' or 'inapplicable' where appropriate. Submit application and curriculum vitae include the \$350.00 application fee, which includes your first year dues ( currently \$250.00 per year). *Fellow Application fee*

**This will include a listing on the [www.class.ca](http://www.class.ca) website.**

Election to membership requires a two-thirds affirmative vote of the Board of Directors. Prior to consideration by the Board of Directors, the names of all applicants are submitted to the membership. Members may send comments to the Secretary who will then present the comments to the Board for their consideration.

Applicants who are not approved for membership will be notified in writing of the decision only upon written request. Unsuccessful applicants may appeal the decision of the Board of Directors according to the Bylaws of the Society. Unsuccessful applicants will have a refund of \$250 of the initial \$350 paid by the applicant (the application processing fee is \$100 and is not refundable).

**FOR RESIDENT APPLICANTS:** Complete all parts of the application. Fill in 'none' or 'inapplicable' where appropriate. Submit application and curriculum vitae or resume and include the \$150.00 application fee. On completion of Fellowship, residents may apply for full membership at no further membership fee (saving of \$200.00). *Resident Application fee.*

#### ***Where to send your completed application form:***

Please return your completed form to the address below:

**CLASS**

**Memberships**

**2334 Heska Rd.**

**Pickering, Ontario L1X 0K1 or E-mail to: [classoffice@bell.net](mailto:classoffice@bell.net)**