



**INTERNATIONAL FELLOWSHIP IN ADVANCED AESTHETIC SCIENCE**  
EXCLUSIVE CONTINUING MEDICAL EDUCATION PROGRAMS LED BY GLOBAL TREND SETTERS

**IFAAS Membership Application Form**  
IFAAS Members Benefits:

- Membership Certificate ( Upon 2nd Year Renewal ) with the signature of IFAAS Honorary President, Dr Gino Rigotti (Italy)
- Collection of 5% credit rebate for every IFAAS registration to be utilised for all future IFAAS events
- Privileged invitation/access to the IFAAS Members Only Visiting Fellowship Program, train with global top mentors in their own clinics and operation rooms on the latest & most advanced skills in aesthetic science
- Exclusive invitation to the IFAAS Members Updating & Networking events featuring IFAAS faculty talks on the latest industry standards, connecting with your fellow IFAAS members in your nearby countries
- Free access to IFAAS online Mini MBA courses, improving operational and marketing skill to better manage your practice, attracting larger patients base
- Eligibility for IFAAS grants & scholarship applications
- Private product preview, lucky draw & discount to the most advanced medical supply lines with IFAAS industry partners
- Latest industry news and updates via weekly IFAAS e-Newsletter featuring the most innovative developments in aesthetic science field

Title: Dr. Prof. Mrs. Mr.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

Designation: MD DO DDS PHD Other: \_\_\_\_\_

Your name as you wish to be appear on your IFAAS Membership Certificate  
(It will only be issued upon renewal of your 2nd year IFAAS membership)

Practice/Organization Name \_\_\_\_\_

Field of Medical Practice \_\_\_\_\_ Medical License Number \_\_\_\_\_

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

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Membership Categories ( The membership fees covers 12-months basis and will expire on the same day of the following year)

Regular Member (US 110.00) (Physicians Only)

Affiliate Member (US 65.00) (Nurses, Physician Assistants)

Associated Member (US 200.00) (Industry, Pharmacists, Chemists, etc.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact IFAAS: [info@ifaas.co](mailto:info@ifaas.co)