

Alwyn D'Souza, President

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The European Academy of Facial Plastic Surgery (EAFPS)

The European Academy of Facial Plastic Surgery (formerly known as The Joseph Society and as the European Academy of Facial Surgery) was founded in 1977. Its purposes are to create a body of duly qualified surgeons who have had training and experience in plastic and/or reconstructive surgery of the face and neck. Its objectives are to stimulate study, research, and scientific advancement in the field of plastic and reconstructive surgery between all the specialties that have common interests. These specialties typically being otorhinolaryngology, maxillo-facial surgery, ophthalmology, and general plastic surgery. The Academy is mainly for surgeons in Europe, although it does have some interested members from outside Europe. The official language of the Academy is English.

The Academy has been involved in the European Community in identifying facial plastic surgery as an entity and is active in promoting appropriate training schemes for trainees in the subspecialty of facial plastic surgery. There is a Postgraduate Fellowship Programme and as member of the International Federation of Facial Plastic Surgery Societies (IFFPSS), we have a common certification process, based on and equal to the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS) examination and rules for certification.

Membership of the Academy is open to National Board registered surgeons specialized in head, neck and cranio-facial surgery and to Registrars/Residents in training that have served 2 years in their specialist training post. Applications need to be seconded by two Members of the Academy. The membership committee decides whether the application for membership is accepted, and approval of the national delegates can be sought. Reduced membership fees are available for "Junior Members" (only for Residents in Training, letter of chair required) and "Senior Members" (retired Members).

Subscriptions to **Facial Plastic Surgery** and **Facial Plastic Surgery & Aesthetic Medicine (FPSAM)** are offered at special rates for all members of the EAFPS. (These reductions have already a higher value than the whole membership fee!)

Internet presentation for internal communication among the members, information about educational opportunities and presentation of Facial Plastic Surgery and the EAFPS members to the public is fast developing.

EAFPS-Newsletter with information about our European Academy, with exchange of ideas and opinions and continuing education are distributed to all EAFPS members.

Meetings of the EAFPS are held once per year, for which separate but discounted registration fees have to be paid. Affiliated meetings are held in various parts of the world outside Europe.

Affiliated Courses on facial plastic surgery are regularly held in different European countries. Discounted registration fees are applied to all EAFPS Members.

- So, come and join our European community of highly educated Facial Plastic Surgeons!
- Share surgical ideas and experiences on a high international level!
- Become a member of our traditional "club of professional friends"!

Further information about the Academy is available at www.eafps.org
or through **EAFPS Secretary**
Gabi Behncke

Nibelungenstr. 87 D-23562 Lübeck, Germany
E-mail: eafps@web.de • Fax: 0049 451 50 41 124

2022 Membership Request Form

Please complete and return to:

Mrs Gabi Behncke
Fax +49 (0) 451 50 41 124
Email: eafps@web.de

I wish to become a member of the **European Academy of Facial Plastic Surgery (EAFPS)**. As a member I will promote the interests of the Academy and regard its Articles of Association, both as they are now and as they may, from time to time, be altered by the International Board or the General Assembly.

Please fill out the following in **readable capital letters**

Forename(s) *in full*

Family name

Place of birth Date of birth [][][]

Address

.....

.....

Home phone number Work phone number

Fax number

E-mail address Website

Professional qualifications • where and when obtained

Specialization: ☐ ENT & Plastic Surgery ☐ Other (Please, specify).....

Present hospital appointment

.....

I am a member of American Academy of Facial Plastic and Reconstructive Surgery ☐ yes ☐ no

I am a member of (*Indicate National Certification Board*)

.....

I agree, that my address can be made available to other scientific organization ☐ yes ☐ no

I agree, that my address is included in the EAFPS directory on the EAFPS website ☐ yes ☐ no

Date **Signature**

SPONSORS – Names and Address
(Members of the European Academy of Facial Plastic Surgery)

1.

2.

EAFPS annual subscription payment

Please complete and return to the above-mentioned postal address/ fax

FOR SAFETY REASONS PLEASE DON'T SEND CREDIT CARD DETAILS BY E-MAIL!

Membership category

- ☐ Full Member: € 195
- ☐ Junior Member: € 50 (only for Residents in Training, letter of chair required)
- ☐ Senior Member: € 25 (if retired from clinical duties)

Subscription (optional) to one or both journals at discounted fee

- | | | |
|---|----------|-----------------------|
| <input type="checkbox"/> Facial Plastic Surgery (6 issues per year) | € 120,00 | (regular price € 415) |
| <input type="checkbox"/> Facial Plastic Surgery & Aesthetic Medicine (FPSAM) (6 issues/ year) | € 130,00 | (regular price € 214) |
| <input type="checkbox"/> Facial Plastic Surgery & Aesthetic Medicine (FPSAM) online only | € 70,00 | (regular price € 177) |

Total Amount

Membership fee (annual dues) €

Journal(s) Subscription €

Total €

- ☐ I wish to arrange a transfer to the following bank account:
European Academy of Facial Plastic Surgery
Int. Bank Account Number (IBAN): DE80 4265 0150 0011 0143 21
BIC / Swift-Code: WELADED1REK

- ☐ I wish to use online payment (www.eafps.org)

- ☐ I wish to pay by credit card (please provide details below) – starting from now until the card has expired

- ☐ MasterCard
- ☐ VISA
- ☐ American Express

**Where do I find the card verification number on my card?*



Card No: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 (Cue: 16 digits for Master and Visa / 15 digits for American Express)

Expiry date: |_|_|/|_|/|_| Card verification number: |_|_|_|_|_|_|_|_|
(Cue: 3 digits for Master and Visa / 4 digits for American Express)

Name of cardholder in capital letters:

Name of EAFPS applicant (if not identical with card holder):

I accept regular annual renewal of my membership and my subscription unless I inform the treasurer about requested changes.

Date

Signature