

# American Society for Bariatric Surgery Corporate Council Membership Application

- New Application  
 Membership Renewal  
(please check one)

Company: \_\_\_\_\_

\*Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*Fax: \_\_\_\_\_

\*Web Address: \_\_\_\_\_

\*Authorized Representative(s):  
1. \_\_\_\_\_ email: \_\_\_\_\_  
2. \_\_\_\_\_ email: \_\_\_\_\_

**\*if renewal – please note changes**

Please give a brief description of the type of business you represent:  
\_\_\_\_\_

Please give a brief description of the product/service you offer:  
\_\_\_\_\_

**Annual Membership Dues of \$1200 are payable to the ASBS.  
Remit this form along with payment to:  
ASBS, Attn: Barbara Peck  
100 SW 75<sup>th</sup> Street, Suite 201, Gainesville, FL 32607  
To charge, fax this completed form to: 352-331-4975**

Credit Card #: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Billing Address of Cardholder: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**The ASBS accepts checks, VISA, MasterCard, and American Express**