



**« Société Monégasque de Documentation et de Recherche en
Chirurgie Plastique et Esthétique »**

Application for Membership

"Société Monégasque de Documentation et de Recherche en Chirurgie Plastique et Esthétique - SMDRECPE ", created on October 11, 2016, is a private, non-profit organization, established for an indefinite period. Its headquarters are located in Monaco, at 3 Avenue de l'Annonciade, and it is under the jurisdiction of the Principality of Monaco. The objectives of the Association are:

- Coordinate and disseminate the work done by specialists of this branch of surgery and those of medical and surgical disciplines related to it.
- Ensure the scientific and technological monitoring of the specialty, and the production of standards and recommendations.
- Cause and facilitate contacts and exchanges of views, including the organization of sessions of practical and theoretical work, congresses, conferences, publications, courses, etc.
- Take any action to protect, strengthen and improve patient safety.
- Support Monegasque charitable organizations related to health care and education.

To join, the applicant must have expertise in Aesthetic Plastic Surgery and Reconstructive Surgery and be a Member of the Society of Aesthetic Plastic and Reconstructive Surgery of his own country or an equivalent Association.

All documentation shall be provided at the moment of Application for Membership, thus forming a process that will be returned to the Member after consideration by the Steering Committee as established by the By-laws of SMDRECPE. If accepted, the Member will receive the Membership Card within fifteen days and shall pay the annuity fee of 450 Euros. If not admitted, he will be returned all the documents that were submitted.



SMDRECPE

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APPLICATION FORM

APPLICATION N°. _____

DATE OF APPLICATION: _____ / _____ / _____
MM / DD / YYYY

PERSONAL DATA

Name: _____

Date of birth: _____ / _____ / _____
MM / DD / YYYY

Address: _____

City: _____

State: _____ Postal Code _____

Country: _____

Phones: Residencial _____ Mobile: _____

Marital Status: _____ Nationality: _____

Identity No.: _____; Issuing Body: _____

E-mail _____

Education: Training (Graduate / Specialization):

I declare that I agree with the By-laws of SMDRECPE and that I wish to become a Member

Member's signature: _____

Signature of President _____

Monaco, _____ / _____ / _____

For more information, please contact via e-mail: vsestetic@gmail.com