



# Limited Time Short-Form Charter Membership & Affiliation

Because there are a limited number of charter memberships available, we are giving you the opportunity to secure your affiliation with this (Short-Form Application) while you are completing the full application.

**Be one of the first 400 women’s health MIS (Minimally Invasive Surgeons)  
recognized by  
AIMIS (The American Institute of Minimally Invasive Surgery)**

Name \_\_\_\_\_ Circle M.D. D.O. Ph.D. M.S. MPH

Practice Name \_\_\_\_\_

Hospital Name \_\_\_\_\_

Practice Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Membership (Circle)    ACOG    AAGL    ACS    SLS    Other \_\_\_\_\_

**Annual Membership:**

**\$450.00 (All access and benefits included)**

3 Easy Ways to Join:

FAX- 702-242-6418

Email- info@aimis.org

Website- www.aimis.org

Check payable to: **The American Institute of Minimally Invasive Surgery or AIMIS**

Credit Card: AMEX MC VISA No: \_\_\_\_\_ Sec Code \_\_\_\_\_

Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_

**We will be expecting your full application within 60 days.  
Your Certificate and Membership kit will be sent to you once you send in your information.**