

Mohs Technician Application For Membership



6475 East Pacific Coast Highway, #700
Long Beach, CA 90803-4201
Phone: (800) 616-ASMS (2767) (714) 379-6262
Fax:(714) 362-9540

Personal

Referral Source: Employer Colleague Attended a Meeting Other: _____

Name: _____ Birthdate: _____

Practice Name and Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____ Cell Phone: _____

E-mail: _____ Web Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ CC E-mail: _____

Mailing address preference: Practice Home

Professional

Job Title: _____

Current Employment Status: Full-time _____ Part-time _____

Length of Time in Position: _____

General Background

Licenses and Degrees: _____

Professional Certification(s) (ASCP, etc.): _____

Additional Information (Attach separate page, if desired): _____

Signature: _____ Date: _____

**Mail or fax completed application form to the address below along with the \$100 application fee.
You may also call and Pay the \$100 application fee over the phone.**

American Society for Mohs Surgery
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Long Beach, CA 90803-4201
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