ASMBS American Society for Metabolic and Bariatric Surgery

2024 Integrated Health Group Discount

Three members from the same institution are eligible to receive a **15 % discount** on Integrated Health membership fees.

Four or more members from the same institution are eligible to receive a **20 % discount** on Integrated Health membership fees.

New Integrated Health **members and renewals** may both be included in the discount group.

Members working in hospitals must work at the same center. Members who work within the same hospital system but **different centers will not be considered** working in the same facility.

Payments may be made as a **group or separately** by each individual in the group. Please do not submit your group discount until you have all payments ready to submit.

Type of Membership	Regular Price in $	Discounted 15% (3 members) Price in $	Discounted 20% (4 or more members) Price in $
Regular Associate / Associate	125.00	106.00	100.00
Affiliate Associate	100.00	85.00	80.00
International Associate	95.00	81.00	76.00
International Affiliate Associate	70.00	60.00	56.00
Student	35.00	30.00	28.00

For questions please contact Kim Carmichael at ih-membership@asmbs.org.

This form may be emailed to the address listed above or mailed to the ASMBS office.

ASMBS
14260 W Newberry Road, #418
Newberry, FL 32668

ASMBS American Society for Metabolic and Bariatric Surgery

Group Discount Payment Form

Facility Name: _____

Facility Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Number of Employees Claiming Membership: _____ Discount Taken (15%, 20%): _____%

Member 1 Name: _____

Application attached ☐ Application submitted online ☐ Member Number: _____

Membership Type: Select Membership Type

Discounted Membership Fee: $_____

State Chapter Fee: $_____

Name of State Chapter (if applicable): _____

SOARD journal subscription: _____

ASMBS Foundation Donation: $_____

Obesity PAC Donation*: $_____

Total for this Individual: $_____

Member 2 Name: _____

Application attached ☐ Application submitted online ☐ Member Number: _____

Membership Type: Select Membership Type

Discounted Membership Fee: $_____

State Chapter Fee: $_____

Name of State Chapter (if applicable): _____

SOARD journal subscription: _____

ASMBS Foundation Donation: $_____

Obesity PAC Donation*: $_____

Total for this Individual: $_____

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Member 3 Name: _____

Application attached ☐ Application submitted online ☐ Member Number: _____

Membership Type: Select Membership Type

Discounted Membership Fee: $_____

State Chapter Fee: $_____

Name of State Chapter (if applicable): _____

SOARD journal subscription: _____

ASMBS Foundation Donation: $_____

Obesity PAC Donation*: $_____

Total for this Individual: $_____

Member 4 Name: _____

Application attached ☐ Application submitted online ☐ Member Number: _____

Membership Type: Select Membership Type

Discounted Membership Fee: $_____

State Chapter Fee: $_____

Name of State Chapter (if applicable): _____

SOARD journal subscription: _____

ASMBS Foundation Donation: $_____

Obesity PAC Donation*: $_____

Total for this Individual: $_____

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Member 5 Name: _____

Application attached ☐ Application submitted online ☐ Member Number: _____

Membership Type: Select Membership Type

Discounted Membership Fee: $_____

State Chapter Fee: $_____

Name of State Chapter (if applicable): _____

SOARD journal subscription: _____

ASMBS Foundation Donation: $_____

Obesity PAC Donation*: $_____

Total for this Individual: $_____

Grand Total: $_____

Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Holder Name: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email for receipt: _____

I agree to the charges listed above:

Signature: _____ Date: _____

* Contributions to American Society for Metabolic and Bariatric Surgery Political Action Committee, Inc. (Obesity PAC) are not deductible as charitable contributions for Federal income tax purposes. Obesity PAC is funded by voluntary contributions. You have the right to refuse to contribute without reprisal. Contributions will be used for political purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed $200 in a calendar year. The recommended contribution amounts are only suggestions. You may give more or less than the suggested amount. The American Society for Metabolic and Bariatric Surgery will not favor or disadvantage anyone by reason of the amount of their contribution or their decision not to contribute. Contributions must be made with personal funds only. You must be a US citizen or permanent resident (green card holder) to contribute.