



# The International Society for Laser Surgery and Medicine (ISLSM)

## JOIN ISLSM!

### Information and Application Form

**The International Society for Laser Surgery and Medicine (ISLSM)** is the oldest such society, having been formed in 1975 by the Founding President, Professor Isaac Kaplan. In the intervening 3 decades plus, meetings have been held regularly worldwide which have been well-attended, interesting and extremely informative. The society is open to anyone working in the field of laser surgery, laser medicine, phototherapy and associated research. All health care professionals with interest in any of the above fields are invited to join the ISLSM, including but not limited to clinicians, dental surgeons, veterinary surgeons, nurse specialists, laser nurses, laser safety officers, and all paramedical staff.

The membership fees for the ISLSM are as follows. Recently, the Society voted to adopt the journal *Laser Therapy* as its official organ, and ISLSM members can receive this journal for no additional fee.

You may also join as a Life Member. Simply pay 10 years' fees in advance, and you will be enrolled as an honoured ISLSM Life Member.

So sign up today, and join the oldest association dedicated to all facets of photosurgery and phototherapy. Fill in and return the appropriate application form, together with the supplement for the journal, and start receiving 4 issues of *Laser Therapy* per annum with immediate effect.

### Fee structure for ISLSM (in JPY)

Item	Fee	Receiving Free Journal
ISLSM Admission Fee (Once only payment)	¥ 5,000	
ISLSM Annual Dues	¥ 10,000	1 year
ISLSM Life Member (< 60 years of age)	¥ 100,000	10 years
ISLSM Life Member (60 years of age and over)	¥ 40,000	4 years

# ***The International Society for Laser Surgery and Medicine (ISLSM)***

## **Membership Application Form**

*(Please Print or type clearly)*

**Name** (*Underline Last Name*): \_\_\_\_\_

**Title** (*Mr, Ms, Mrs, Dr, Prof, etc*): \_\_\_\_\_ **Degrees or Diplomas Obtained:** \_\_\_\_\_

**Full Postal Address:** \_\_\_\_\_

**Phone** (*with country code*): \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### ***To the Treasurer, the International Society for Laser Surgery and Medicine (ISLSM):***

I hereby apply for membership of the International Society for Laser Surgery and Medicine (ISLSM) and pay: (*tick as appropriate*)

**Admission Fee: ¥ 5,000**

**Life Member: ¥ 100,000 ( < 60 years of age)**

**Annual Dues: ¥ 10,000**

**Life Member: ¥ 40,000 ( 60 years of age and over)**

I understand that, as part of my membership privileges, I will receive 4 issues of the current volume of *Laser Therapy*, the official journal of the ISLSM.

Kindly complete the following information, and send by FAX to +81-3-5269-1410.

**Please debit my**  **Visa**  **Mastercard** (*tick as appropriate*) **by the sum of JPY ¥** \_\_\_\_\_

**Card number:** \_\_\_\_\_

**Name as it appears on the card:** \_\_\_\_\_

**Expiry date:** (*Year*) **20** \_\_\_\_\_ (*Month*) \_\_\_\_\_ **3-digit security number** \_\_\_\_\_

**Cardholder's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For bank transfer within Japan, please contact the Treasurer, c/o Japan Medical Laser Laboratory  
Phone: 03-5269-1403, Fax: 03-5269-1410, E-mail: lasertherapy@jml.co.jp