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MICHIGAN ACADEMY OF PLASTIC SURGEONS
APPLICATION FOR ACTIVE MEMBERSHIP

MEMBER NAME: _____

PRACTICE NAME: _____

ADDRESS: _____

CITY/STATE / ZIP: _____

TELEPHONE: _____

E-MAIL: _____

Membership to MAPS requires the following:

- This completed application form
- One letter of recommendation from an Active Member in good standing
- Copy of your curriculum vitae
- Proof of medical licensure
- Proof of board certification or board-eligibility (ABPS, AOBS, or RCPS)
- First annual dues payment (currently \$125, payable by check, Square, or Zelle—see next page for details)

Please mail application to: MAPS c/o Anthony Zacharek, MD
800 Cooper Avenue, Suite 1
Saginaw, MI 48602

Email mapsmeeting2024@gmail.com or call (989) 583-7113 with any questions

Payment options:

Zelle (no fee)

\$125

Scan in your banking app to pay
MICHIGAN ACADEMY OF PLASTIC SURGEONS
at s...e@med.umich.edu.



Zelle

Square (\$3 fee)

\$129



Check, \$125

Payable to MAPS

Mail to:

MAPS

c/o Steven Haase, Treasurer
9311 Mockingbird Lane
Saline, MI 48176