



Membership Application and Requirements

Members of the Medical Dermatology Society (MDS) represent the heart and soul of our specialty: Medical Dermatology. The MDS is made up of the thought leaders of clinical dermatology and the teachers of the next generation of practicing dermatologists. Our members include academicians, private practitioners, and resident physicians. We specialize in the care of patients with serious dermatologic diseases. Our mission is to improve the care of patients with these conditions.

Benefits of Active or Sustaining Membership

- Opportunities to network with current leaders in medical dermatology
- An invitation to attend the MDS Annual Meeting, featuring scientific presentations and discussion forums about current topics affecting medical dermatology (members attend the annual meeting at no additional cost)
- Access to members only area on MDS website, www.meddermsociety.org
- Attend and vote at membership meetings
- Opportunities to present research findings
- Opportunity to hold office and serve on committees
- Participate in the MDS Mentorship Program.

Benefits of Resident/Fellow Membership

- Opportunities to network with current leaders in medical dermatology
- Access to members only area on MDS website, www.meddermsociety.org
- An invitation to attend the MDS Annual Meeting, featuring scientific presentations and discussion forums about current topics affecting medical dermatology (members attend the annual meeting at no additional cost)
- Opportunities to present research findings.
- The opportunity to participate in the MDS Mentorship Program.

Membership Levels

Active Members (Dues: \$100 per year)

Persons qualified for active membership are academic dermatologists, office or hospital based practicing dermatologists, and dermatological researchers who have a focus of interest in medical dermatology who are certified by the American Board of Dermatology or have received specialty certification in dermatology from the Royal College of Physicians and Surgeons of Canada or a comparable national organization.

Sustaining Members (Dues: \$300 per year)

Persons qualified for sustaining membership are academic dermatologists, office or hospital based practicing dermatologists, and dermatological researchers who have a focus of interest in medical dermatology who are certified by the American Board of Dermatology or have received specialty certification in dermatology from the Royal College of Physicians and Surgeons of Canada or a comparable national organization.

Resident/Fellow Members (Dues: FREE)

Persons qualified for resident/fellow membership are individuals who are currently enrolled in dermatology residency or fellowships. Such membership is limited to five years. Resident/fellow members are exempt from dues, but may receive the publications of the Society, attend meetings and serve on committees. Resident/Fellows may not vote or hold office.

Medical Dermatology Society Membership Application

Name _____
First Last Degree

Institution/Company: _____

Department: _____

Address: _____

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

Phone: _____ Fax: _____

Email: _____

Affiliation: Private Academic Resident Fellow Other _____

Position Title _____ Years at Present Position _____

Residency _____ Year Completed _____

Board Certification? Yes Date _____

No If No, Board Eligible? _____

I am applying for: Regular Membership (\$100) Sustaining Membership (\$300) – *help support the MDS with an additional contribution to the society to help fund programs and activities*
 Resident/Fellow (No Dues)

Payment can be made by Visa, Mastercard, American Express, check or money order (U.S. currency drawn on a U.S. bank). Please make all checks payable to the Medical Dermatology Society.

By sending your check to us, you authorize MDS to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment.

When paying by credit card, please note that the transaction line item on your billing statement will show *SID*.

Please check method of payment: Check Money Order **TOTAL AMOUNT ENCLOSED: \$ _____**

MasterCard Visa American Express **TOTAL AMOUNT AUTHORIZED: \$ _____**

If paying by credit card, please supply the following information:

Card number _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Please submit your membership application with payment:

Mail: Medical Dermatology Society
526 Superior Avenue East, Suite 540
Cleveland, OH 44114

Fax: 216.579.9333

Email: mds@sidnet.org

THANK YOU FOR YOUR SUPPORT OF THE MDS