



# MEDICAL DERMATOLOGY SOCIETY MEMBERSHIP APPLICATION AND RENEWAL

Name \_\_\_\_\_ Degree(s) \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### AFFILIATION

Private  Academic  Resident  Fellow  Med Student  Other \_\_\_\_\_

Position Title \_\_\_\_\_ Years at Present Position \_\_\_\_\_

Residency \_\_\_\_\_ Year Completed \_\_\_\_\_

Board Certified/Board Eligible \_\_\_\_\_ Yes / Date \_\_\_\_\_

\_\_\_\_\_ No / Board Eligible Date \_\_\_\_\_

### MEMBERSHIP LEVEL

\_\_\_\_\_ Sustaining Membership\* \$500.00

\_\_\_\_\_ Regular Membership \$200.00

\_\_\_\_\_ Residents, Post-Doctoral-Fellows, Medical Students \$ 0.00

*\* Additional contributions to the Society will help preserve MDS programs and activities*

### ANNUAL MEMBERSHIP DUES PAYMENT METHOD AND INFORMATION

**CHECK:** Check or Money Order must be United States Currency and Drawn from a United States Bank  
Checks Payable to the "Medical Dermatology Society"

**CREDIT CARD:** Credit Card Information \_\_\_\_\_ American Express \_\_\_\_\_ Master Card \_\_\_\_\_ Visa

Total Amount Authorized for Annual Membership Dues \$ \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV 3/4 digit security code: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please note when paying by credit card, the transaction line item on your billing statement will show as SID*

**COMPLETED FORM ALONG WITH YOUR PAYMENT CAN BE SUBMITTED TO THE MDS BY THE FOLLOWING METHODS:**

**Mail** Medical Dermatology Society, 526 Superior Avenue East, Suite 340, Cleveland, Ohio 44114

**Email** [mds@sidnet.org](mailto:mds@sidnet.org)

**Fax** 216-579-9333