



MEDICAL DERMATOLOGY SOCIETY MEMBERSHIP APPLICATION AND RENEWAL

Name _____ Degree(s) _____

Institution _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ Email _____

AFFILIATION

Private Academic Resident Fellow Medical 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
_____ 1st Year Post-Dermatology Residency and/or Fellow Member	\$100.00
_____ 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

CHECKS 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

FORWARD THE COMPLETED REGISTRATION FORM TO THE MDS OFFICE OR JOIN ON-LINE BY VISITING THE MDS WEBSITE

EMAIL MDS@SIDNET.ORG // FAX: 216.579.9333

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

WEBSITE <http://www.meddermsociety.org>