ASDS American Society for Dermatologic Surgery
EXPERTISE FOR THE *life* OF YOUR SKIN™

Application for Membership

ASDSA American Society for Dermatologic Surgery ASSOCIATION

A non-refundable application fee of $95 is required and must accompany the application.

INDICATE METHOD OF PAYMENT BELOW

☐ Check enclosed, payable to ASDS ☐ MasterCard ☐ Visa ☐ American Express

Card number: _____ **Expiration Date:** _____ **Signature:** _____

INFORMATION

Name: _____ **Birthdate:** _____
FIRST / GIVEN MIDDLE LAST / FAMILY YEAR ONLY

Gender: ☐ Male ☐ Female

Category of Membership: ☐ Fellow ☐ Corresponding Fellow ☐ Associate ☐ Osteopathic Affiliate ☐ Post Residency Training
(Check only one. Descriptions of membership classification are listed on the reverse side.)

Practice Type: ☐ Solo ☐ Group, Single-Specialty ☐ Group, Multi-Specialty ☐ Academic ☐ Hospital Based ☐ Other
Please specify: ☐ Home ☐ Office Practice

Practice or Institution Name: _____

Address: _____

City: _____ **State:** _____ **Postal Code:** _____ **Country:** _____

Telephone: _____ **Fax:** _____
(If outside U.S., include country/city codes) *(If outside U.S., include country/city codes)*

E-mail Address: _____ **Web Address:** _____

Medical School: _____ **Completion Date:** _____
INSTITUTION CITY / STATE

Dermatology Residency Training: _____ **Completion Date:** _____
INSTITUTION CITY / STATE

Certification:
☐ American Board of Dermatology Year: _____
☐ Royal College of Physicians Year: _____
☐ American Osteopathic Board of Dermatology Year: _____
☐ Other: _____ Year: _____

Current Medical License? ☐ Yes ☐ No If yes: State: _____ Date Issued: _____

Hospital Privileges? ☐ Yes ☐ No If yes: Hospital: _____
NAME CITY / STATE

Check all that apply: ☐ Admitting ☐Consulting ☐ Operating Room

Academic Affiliation? ☐ Yes ☐ No If yes: Institution: _____
NAME CITY / STATE

AAD Member? ☐ Yes ☐ No

Office/Surgery Center Accredited? ☐ AAAHC ☐ JCAHO ☐ Other ☐ No Year Accredited: _____

ENDORSEMENT

Letters of endorsement must be received from three (3) ASDS Fellows, one of whom must reside in your city, state or province. Log on to www.asds.net to get a list of ASDS Fellows in your state and nationwide, and for a sample endorsement letter. If you are an AAD member, one letter of endorsement is required.

REVIEW AND SIGNATURE

I hereby request and authorize the evaluation and validation of my credentials in accordance with, and subject to, the rules and procedures of the American Society for Dermatologic Surgery. In furtherance of my application for membership in the ASDS, I request and authorize any hospital, medical staff, medical organization, state agency or individual who may have information (including medical records, patient records, and committee reports), which they deem relevant to my fitness for membership, to provide such information to ASDS.

I hereby waive any claim for damages, or otherwise, that I may have against any hospital, medical staff, medical organization or individual who supplies information with respect to my application, the ASDS, its officers, directors, members, employees, and agents by reason of any act of omission or commission that they, or any of them, may take in good faith in connection with this application. I understand that the decision as to whether or not I qualify for membership vests solely and exclusively in the ASDS and that its decision is final.

I understand that I have obligation to pay annual membership dues if I am accepted for membership in ASDS. I represent that the information provided in this application is truthful and accurate.

Signature: _____ **Date:** _____

 BE SURE TO READ IMPORTANT INFORMATION REGARDING MEMBERSHIP CATEGORIES AND THE APPLICATION PROCESS ON REVERSE SIDE. ASDS REFERENCE: _____

APPLICATION PROCESS

The ASDS office will notify applicants when their application is complete. An application is complete only when the form, application fee and three valid endorsements letters have been received. **If you are a member of AAD and a Corresponding Fellow applicant only one endorsement letter is required.** Physicians in an approved Fellowship Training Program must submit a signed letter documenting program involvement from their immediate supervisor. Upon completion of the application process, applicants will be able to register for meetings and purchase most ASDS products at the member rate. Upon acceptance into membership, applicants will begin to receive ASDS *Currents*, the monthly member newsletter, as well as *Dermatologic Surgery*.

Return completed membership application and the non-refundable $95 application fee to:

American Society for Dermatologic Surgery Association
5550 Meadowbrook Drive, Suite 120
Rolling Meadows, IL 60008-3805

Phone: (847) 956-0900, **Fax:** (847) 956-0999

MEMBERSHIP ANNUAL DUES

$600 Fellow, Corresponding Fellow, Associate, Osteopathic Affiliate

SUMMARY OF MEMBERSHIP CATEGORIES

FELLOWS: Any physician in good standing who resides in the United States or Canada and who has been certified in dermatology by the American Board of Dermatology or by the Royal College of Physicians and Surgeons of Canada shall be eligible to be a Fellow. Fellows shall have the rights to attend membership meetings, to participate in discussion, to vote on matters submitted to a vote of the membership, to hold elective office and to serve on committees and councils.

CORRESPONDING FELLOWS: Any physician in good standing who does not reside in the United States or Canada and who is a teacher or researcher or has three years of experience specializing in the practice of dermatology shall be eligible to be a Corresponding Fellow. Educational and professional requirements for Corresponding Fellows shall be equivalent to the requirements for certification by the American Board of Dermatology. Corresponding Fellows shall have all rights of Fellows except that they shall not be eligible to serve in any elective office.

ASSOCIATES: Any physician in good standing who resides in the United States or Canada; has three (3) years of experience specializing in the practice of dermatology or is a teacher or graduate student of dermatology; and who meets or is pursuing the educational requirements for the certification examination in dermatology by the American Board of Dermatology or Royal College of Physicians and Surgeons of Canada shall be eligible to be an Associate. Associates shall have all of the rights of Fellows except that they shall not be eligible to serve in any elective office.

OSTEOPATHIC AFFILIATES: Any osteopathic dermatologist in good standing who resides in the United States or Canada and who is board-certified by the American Osteopathic Board of Dermatology, or who has previously been an osteopathic dermatology member of ASDS in good standing shall be eligible to be an Osteopathic Affiliate. Osteopathic Affiliates shall have all of the rights of Fellows except they shall not be eligible to serve in any elective office.

POST RESIDENCY TRAINING: Any physician in good standing who resides in the United States or Canada and who is in an approved fellowship training program shall be eligible to be a Fellow in Training. Fellows in Training shall have all of the rights of Fellows except that they shall not be eligible to vote or serve in any elective office.

For a full delineation of the duties, responsibilities and requirements for each category of membership, please request a copy of the ASDS Bylaws.