

SAMPLE ENDORSEMENT LETTER

(Date)

Jeannette Panzke
American Society for Dermatologic Surgery
5550 Meadowbrook Dr.
Suite 120
Rolling Meadows, IL 60008
Fax: 847/956-0999

RE: (Endorsed physician's name)

Dear Ms. Panzke,

As a Fellow of the American Society for Dermatologic Surgery, I endorse the application of Dr. (Name) for membership into the Society.

I have known Dr. (Name) for (length of time) and have found him/her to be (describe skills).

Please contact me if I can provide any additional information in support of this application.

Sincerely,

(Endorsing Physician's name)

Note to New Member Applicants:

If you are a current member of the AAD your endorsement requirement for becoming a member of the American Society for Dermatologic Surgery is one endorser, whom resides in city, state, province or country.

If you require assistance with the ASDS membership application please contact Jeannette Panzke at 847-956-0900 or via email (jpanzke@asds.net). I look forward to receiving your application materials.



ASDS Member Services Assistant
5550 Meadowbrook Drive
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Rolling Meadows, IL 60008
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