

Application for Membership

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

INDICATE METHOD OF PAYMENT BELOW

Check enclosed, payable to ASDS in U.S. funds MasterCard Visa American Express Discover

Card number: _____ Expiration Date: _____ Security Code: _____

Signature: _____ Billing ZIP: _____

INFORMATION/DEMOGRAPHICS

Name: _____ Birth Year Only: _____
FIRST / GIVEN MIDDLE LAST / FAMILY

Category of Membership: *(Check only one. Descriptions of membership classification are listed on reverse)*

Fellow Corresponding Fellow Corresponding Fellow Online Only (Developing Countries) Associate Trainee

Practice or Institution Name: _____

Address: _____

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

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

Home Address: _____

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

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

Email: _____

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: _____ *(Please provide English copy of certificate from certifying board)*

AAD Member? Yes No

ACMS Member? Yes No

Application for Membership (continued)

Is your practice owned by Private Equity / Venture Capital? Yes No If yes, which one: _____

Please provide the name and email of the pharmaceutical / device contact in your practice below:

Name: _____ Email: _____

What was your assigned sex at birth?

- Male
- Female
- Intersex / Variation of Sex Characteristics
- Other (please specify) _____
- Prefer not to answer

Which pronouns do you prefer?

- She/Her/Hers
- He/Him/His
- They/Them/Theirs
- Ze/Zir
- None
- Other (please specify) _____
- Prefer not to answer

Are you of Hispanic, Latino/Latina/Latinx or Spanish origin?

- No, not of Hispanic, Latino/Latina/Latinx or Spanish origin
- Yes, of Hispanic, Latino/Latina/Latinx or Spanish origin
- Other (Please specify) _____
- Prefer not to say

Which of the following best matches your current gender identity?

- Man
- Genderqueer or gender fluid
- Questioning or exploring
- Prefer not to answer
- Woman
- Non-binary or not exclusively man or woman
- Not listed above

Which best describes your sexual orientation?

- Lesbian
- Bisexual
- Queer
- Pansexual
- Prefer not to answer
- Gay
- Heterosexual / Straight
- Asexual
- Other (please specify) _____

How would you best describe yourself?

- American Indian or Alaska Native
- Black or African American
- White
- Prefer not to answer
- Asian
- Native Hawaiian or Other Pacific Islander
- Other (Please specify) _____

ENDORSEMENT

Letters of endorsement must be received from three ASDS Fellows, one of whom must reside in your city, state or province. Go to asds.net to get a list of ASDS Fellows and for a sample endorsement letter. If you are an AAD member or a Corresponding Fellow applicant, only one endorsement letter 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 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, 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 ASDS and that its decision is final.

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

Signature: _____ Date: _____

ASDS MEMBERSHIP APPLICATION PROCESS

The ASDS office will notify applicants when their application is complete. An application is complete only when the form, application fee, dues and three valid endorsements letters have been received. If you are an AAD member or a Corresponding Fellow applicant, only one endorsement letter is required. Corresponding Fellow applicants must also provide proof of dermatology certification (in English) from country in which they are practicing.

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 *Dermatologic Surgery* journal, *Currents* member magazine as well as access to the members-only section of the ASDS website, ASDS Connect and ASDS Learn, online learning resources.

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

ANNUAL DUES

\$800 – Fellow and Associate

\$675 – Corresponding Fellow

\$495 – Two through Four Years out of Residency

\$300 – Corresponding Fellow Online (Developing Countries Only)

\$195 – One Year out of Residency

SUMMARY OF MEMBERSHIP OF CATEGORIES

FELLOW: 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, the American Osteopathic 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 FELLOW: 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.

- **Developing Countries:** A Corresponding Fellow candidate residing in countries defined by the World Bank as low income or lower-middle income economies are eligible for online-only membership. *Dermatologic Surgery* journal and *Currents* are viewed online only, other eligibility requirements and benefits are the same as Corresponding Fellows. For a list of eligible countries, visit www.asds.net/memberbenefits or data.worldbank.org/country.

ASSOCIATE: Any physician in good standing who resides in the United States or Canada; has three 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, the American Osteopathic Board of Dermatology or Royal College of Physicians and Surgeons of Canada shall be eligible to be an Associate. Associates shall have all the rights of Fellows except that they shall not be eligible to serve in any elective office.

TRAINEE: Any physician in good standing, who resides in the United States or Canada, and is participating in an approved dermatology fellowship program is eligible for ASDS membership. Trainees shall have all of the rights of Fellows except that they shall not be eligible to vote or hold elective office.

RESIDENTS: Any physician in good standing who resides in the United States or Canada and is enrolled in an approved dermatology residency training program is eligible for complimentary ASDS membership. Please contact ASDS Membership for details at membership@asds.net.

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