

Membership Application



CONTACT INFORMATION (please type or print clearly)

Date: _____

Full Name & Degree(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Birthdate: _____ Citizenship: _____

Academic Affiliation (if any): _____

EDUCATION

Medical School: _____

School and Location: _____ Degree: _____ Dates: _____

Other Graduate School: _____

School and Location: _____ Degree: _____ Dates: _____

Dermatology Residency (Postgraduate Training): _____

Institution & Location: _____ Degree: _____ Dates: _____

Other Specialty Training: _____

Specialty: _____ Institution & Location: _____ Dates: _____

CERTIFICATION

American Board of Dermatology (Year): _____ American Osteopathic Board of Dermatology (Year): _____

Foreign Dermatology Board or Examination: _____ Year: _____

Other Specialty Board: _____ Year: _____

CATEGORIES & DUES

Please check category for membership for which you are applying: *(check one category; see definitions of categories below)*

Fellow – \$175 Associate – \$175 Affiliate – \$175 Resident – \$0

PAYMENT

Please indicate method of payment below:

Check enclosed (USD) *(payable to the Pacific Dermatologic Association or PDA)* Credit Card (check one): MasterCard VISA AMEX

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

MEMBERSHIP CATEGORIES

FELLOW - Any physician who is a resident of an eligible state or country and who has been certified by the American Board of Dermatology; or by equivalent examination in dermatology in another country.

ASSOCIATE - Any physician who is a resident of an eligible state or country, who has training which qualifies them for the examination of the American Board of Dermatology or an equivalent examination in dermatology in another eligible country.

AFFILIATE - Any physician who is a resident of an eligible state or country, in the following categories: a) Practicing dermatopathologists who are not eligible to be Fellows or Associates; b) Osteopathic dermatologists who are certified by the American Osteopathic Board of Dermatology but whose training does not make them eligible to be Fellows or Associates; or c) Physicians devoting the major portion of their time to the practice of dermatology, public health work, research, or education in connection with this specialty.

Send completed application and membership fee to:

Pacific Dermatologic Association • 575 Market Street, Suite 2125, San Francisco, CA 94105 • Fax: (415) 927-5726