



Membership Application

Full Name (first, last, credential) _____

Birth Date _____

Date of Application _____

Preferred Mailing Address (for journal and Annual Meeting mailings)

Patient Access Address (Used for the Find a Pediatric Dermatologist search engine)

Address 1 _____

☐ Used my preferred mailing address

Address 2 _____

Address 1 _____

City _____

Address 2 _____

State/Country _____

City _____

Zip/Postal Code _____

State/Country _____

Telephone _____

Zip/Postal Code _____

Fax _____

Office Telephone _____

E-Mail _____

Website _____

Subspecialty interests or area of expertise _____

Education and Professional Affiliations

Medical School _____ Yrs _____

Internship _____ Yr _____

Residencies or _____ Yrs _____

Fellowships _____ Yrs _____

_____ Yrs _____

Specialty Boards

Dermatology _____ Eligibility _____ Certification Year _____

Pediatrics _____ Eligibility _____ Certification Year _____

_____ Eligibility _____ Certification Year _____

Other (Specify) _____

Current Hospital Affiliations

Name of Hospital _____ Position _____

Name of Hospital _____ Position _____

Current Medical School Affiliations

Name of School _____ Position _____

Name of School _____ Position _____

Profile (Check one)

- ☐ I am a pediatric dermatologist and would like my information to appear in the "Find a Pediatric Dermatologist" search on the website
- ☐ I am an adult and pediatric dermatologist and would like my information to appear in the "Find a Pediatric Dermatologist" search.
- ☐ I am an pediatric / adult dermatologist and would NOT like my info to appear on the site
- ☐ I am a pediatrician with special interest in pediatric dermatology
- ☐ I am a research scientist/investigator with special interest in pediatric dermatology
- ☐ I am a fellow
- ☐ I am a resident
- ☐ I am a physician assistant, nurse practitioner or representative of an organization/company with an interest in pediatric dermatology

References

Residents & Fellow applicants must supply 1 professional reference who can submit a letter to support the application. SPD prefers references to be either your current Program Director or an SPD member.

(Note: Reference letters can be submitted for the applicant to the SPD post-application)

Name _____ Name _____

Address _____ Address _____

E-Mail _____ E-Mail _____

Membership Fee - Initiation & First Year's Membership Fee

- ☐ Practicing Physicians in U.S., Canada, and Mexico \$325.00
- ☐ Practicing Physicians in all other countries \$350.00
- ☐ Residents in Training (*Pediatric Dermatology* journal on-line access only) \$0.00
- ☐ Fellows (*Pediatric Dermatology* journal on-line access only) \$0.00
- ☐ Advanced Practice Provider \$325.00
- ☐ Associate Membership \$325.00

(Open to anyone who does not meet requirements for categories above. These are non-voting memberships)

The annual renewal fee for practicing physicians and associate members is \$285. Membership for residents and fellows is free to the duration of their residencies or fellowships. Practicing physicians and associate members receive both a print and electronic subscription to *Pediatric Dermatology*, while resident and fellows receive on-line access only.

Payment (Check one)

- ☐ AMEX ☐ MasterCard ☐ VISA ☐ Check (Make checks payable to Society for Pediatric Dermatology or SPD)

CC# _____ Exp. _____

Signature _____ Total \$ _____

Mail completed application along with membership fee
(in U.S. funds from bank with U.S. office only) to:

Society for Pediatric Dermatology
8365 Keystone Crossing, Suite 107
Indianapolis, IN 46240

You may also FAX the completed form to
(317) 205-9481.

If you have questions, please call the SPD at
(317) 202-0224 or email info@pedsderm.net.