



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 _____

Membership Application

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

Practicing Physicians & Associate applicants must supply 2 different professional references who can submit letters to support the application. SPD prefers references to be SPD members, but physicians who are familiar with your professional experience and/or educational background can also be used as references. SPD understands that reference letters may not arrive immediately after application is submitted and your membership initiation will not be delayed. However, reference letters are required to complete your application.

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
- 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.