

# 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   Billing ZIP: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## 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](http://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: \_\_\_\_\_

Referred by: \_\_\_\_\_ ASDS Member ID: \_\_\_\_\_

## 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**  
1933 N. Meacham Road, Suite 650  
Schaumburg, IL 60173  
Phone: 847-956-0900 Fax: 847-956-0999

## ANNUAL DUES

\$675 – Fellow, Corresponding Fellow, Associate

\$395 – Four Years out of Residency

\$295 – Three Years out of Residency

\$195 – Two Years out of Residency

\$95 – One Year out of Residency

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

## 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](http://www.asds.net/memberbenefits) or [data.worldbank.org/country](http://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.

**ADJUNCT:** Any individual who works for a commercial firm, consultant or other organization that supplies products and/or services to the dermatology/ dermatologic surgery market and who is not directly involved in patient care shall be eligible to be an Adjunct Member. Adjunct Members shall have the right to attend membership meetings and to serve on committees and councils but shall not be eligible to vote or serve in 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](mailto: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.**