



ASSOCIATION OF PROFESSORS OF DERMATOLOGY

MEMBERSHIP DUES RENEWAL

1: MEMBER INFORMATION

Name: _____ Degree(s) _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email*: _____ Telephone: _____

*All Association related correspondence, including receipts will be forward to this email address

Renewals are based on a calendar year

2: DEPARTMENTAL POSITION

_____ Department Chair/Division Chief	\$300.00	_____ Academic Dermatologists	\$100.00
_____ Dermatologic Surgery Division Head	\$250.00	_____ Doctor of Osteopathic Medicine	\$100.00
_____ Residency & Fellowship Program Directors	\$250.00	_____ Administrator/Coordinator	\$100.00

3: AFFILIATION: CHECK ALL THAT APPLY

_____ Department Chair	_____ Dermatopathologist	_____ Medical Dermatologist
_____ Division Chief	_____ Pediatric Dermatologist	_____ Hospitalist
_____ Dermatologic Surgery Division Leader	_____ Residency Program Director	_____ Osteopathic Medicine
_____ Dermatologic Surgeon	_____ Fellowship Director	_____ Administrator/Coordinator

4: ANNUAL MEMBERSHIP DUES PAYMENT METHOD AND INFORMATION

CHECK: Check or Money Order must be United States Currency and Drawn from a United States Bank

Checks Payable to the "Association of Professors of Dermatology"

CREDIT CARD: Credit Card Information _____ American Express _____ Master Card _____ Visa

Total Amount Authorized for Annual Membership Dues \$ _____

Name on Card (please print) _____

Card Number _____

Expiration Date: _____ CVV 3/4 digit security code: _____

Signature: _____

5: THIS COMPLETED FORM WITH PAYMENT CAN BE SUBMITTED VIA ONE OF THE SUGGESTED METHODS

Mail	Association Management Executives, Inc., 6134 Poplar Bluff Circle, Suite 101, Norcross, GA 30092
Fax	305.422.3327
Email	maryann@theassociationcompany.com