



# ASSOCIATION OF PROFESSORS OF DERMATOLOGY

## MEMBERSHIP APPLICATION

### 1: NEW MEMBER CONTACT INFORMATION

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email\*: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

### 2: POSITION TITLE AND MEMBERSHIP LEVEL:

Check all that apply, rate for annual dues will be based on the applicants highest departmental ranking

DEPARTMENTAL POSITION	1-Year		
_____ Department Chair/Division Chief	\$500	_____ Dermatologic Surgery Division Head	\$350
_____ Academic Dermatologists	\$350	_____ Residency & Fellowship Program Directors	\$350
_____ Academic Administrator	\$150	_____ Residency Coordinator	\$150
_____ Junior Academic Dermatologist	\$150		

### 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	

Years at Present Position: \_\_\_\_\_ Career Level: \_\_\_\_\_ Senior \_\_\_\_\_ Mid-Career \_\_\_\_\_ Junior

Percentage of Daily Time Spent in an Academic Practice: \_\_\_\_\_ <25% \_\_\_\_\_ 25-50% \_\_\_\_\_ 50-75% \_\_\_\_\_ >75%

### 3: SIGNATURE AND PAYMENT SECTION

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### SIGNATURE OF CHAIR OR CHIEF REQUIRED FOR ALL NEW MEMBERS

This applicant holds a faculty appointment in our department and the applicant's commitment and role in the academic activities of the department is commensurate with membership in the APD.

\_\_\_\_\_  
Print Name of Chair/Chief

\_\_\_\_\_  
Signature of Chair/Chief



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### DERMATOLOGIC SURGERY SECTION (OPTIONAL):

The APD has organized a Dermatologic Surgery Section for members interested in promoting education in dermatologic surgery. All dermatologic surgeons participating full time in dermatology resident training programs are encouraged to become members. All members must: 1) be dermatologic surgeons who hold a faculty appointment in a dermatology department or section in an accredited medical school and/or in an accredited free standing three year residency training programs outside medical schools located in the United States, Canada and Puerto Rico. The Steering Committee will determine who is a dermatologic surgeon and which level of academic affiliation qualifies for membership and the American Board of Dermatology will determine which programs are accredited, and 2) actively contribute to the dermatologic surgical education of medical students, residents, fellows, and/or practicing physicians.

\_\_\_\_\_ Yes, I am interested in participating in the Dermatologic Surgery Section of the APD

### DERMATOLOGY ACADEMIC ADMINISTRATORS GROUP (DAAG):

DAAG exists to provide networking and educational opportunities that promote professional growth of academic administrators that will facilitate leadership and collaboration between dermatology departments/divisions in the changing world of academic medicine. All full time administrators working in an academic dermatology department are encouraged to become members.

\_\_\_\_\_ Yes, I am interested in participating in the Dermatology Academic Administrators Group (DAAG)

### RESIDENCY PROGRAM DIRECTORS SECTION:

The Residency Program Directors Section (ACGME approved dermatology residency training programs) recognizes the essential role and contribution of program directors in the education of medical students and dermatology residents. The Section provides a forum for discussion of the opportunities, challenges, and developments for dermatology residency programs. All residency program and associate/assistant program directors in dermatology resident training programs are encouraged to become members.

\_\_\_\_\_ Yes, I am interested in participating in the Residency Program Directors Section

### 4: ANNUAL MEMBERSHIP DUES PAYMENT METHOD AND INFORMATION

CHECK: 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: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Receipt to: \_\_\_\_\_

### 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 [caroline@theassociationcompany.com](mailto:caroline@theassociationcompany.com)