



ASSOCIATION OF PROFESSORS OF DERMATOLOGY

MEMBERSHIP APPLICATION

1: NEW MEMBER CONTACT 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

Membership Renewal Date _____ Renewals are based on an anniversary date versus a calendar year

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

_____ 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

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.

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: _____

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