



San Francisco Dermatological Society

13851 East 14th Street, #308 | San Leandro, CA 94578

Tel: (415) 829-9191 | Email: info@sfderm.org

MEMBERSHIP APPLICATION

CONTACT INFORMATION (please type or print clearly) **Date:** _____

Full Name & Degree(s): _____

Address (include affiliation or company if applicable): _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Birth Date: _____ **Citizenship:** _____

EDUCATION

Medical School: _____

Location: _____ **Degree:** _____ **Dates:** _____

Other Graduate School: _____

Location: _____ **Degree:** _____ **Dates:** _____

Dermatology Residency (Postgraduate Training): _____

Location: _____ **Degree:** _____ **Dates:** _____

Other Specialty Training: _____

Specialty: _____ **Location:** _____ **Dates:** _____

CERTIFICATION

American Board of Dermatology (Yr): _____ **American Osteopathic Board of Dermatology (Yr):** _____

Foreign Dermatology Board or Examination: _____ **Year:** _____

Other Specialty Board: _____ **Year:** _____

CATEGORIES & DUES

Please check membership category for which you are applying: (check one category)

ACTIVE Any physician who has been certified by the American Board of Dermatology; or by equivalent examination. **\$100 per year.**

ASSOCIATE Any physician who has training which qualifies them for the examination of the American Board of Dermatology or an equivalent examination in dermatology. **\$100 per year.**

AFFILIATE Any physician or scientist in the following categories: a) Practicing dermatopathologists who are not eligible to be Active or Associates; b) Osteopathic dermatologists who are certified by the American Osteopathic Board of Dermatology, but whose training does not make them eligible to be Fellows or Associates; or c) Professional devoting the major portion of their time to the practice of dermatology, public health work, research, or education in connection with this specialty. **\$100 per year.**

RESIDENT/FELLOW \$0 per year.

PAYMENT

Please pay by check made out to **SF Derm** and mail along with completed application to:

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