

APPLICATION FOR MEMBERSHIP

The Women's Dermatologic Society, founded in 1973, is dedicated to helping dermatologists fulfill their greatest potential and assisting them in making a contribution to our specialty and society. To achieve this goal, the Society relies on the active participation of its members, who represent a diverse cross-section of professional sub-specialties.

MISSION STATEMENT

The mission of the Women's Dermatologic Society is to support dermatologists by striving to:

- promote leadership,
- promote the development of relationships through mentoring and networking,
- demonstrate a commitment to service through community outreach and volunteerism,
- provide a forum for communications and research relevant to women's and family issues,
- advocate excellence in patient care and education, and
- promote the highest ethical standards.

WDS MEMBER BENEFITS

- Newsletter Access
- Academic Research Program
- Career & Community Advancement Program
- Networking Opportunities
- Leadership Opportunities
- Volunteer Opportunities
- Reduced Event Fees
- Mentor Opportunities

EXCLUSIVE RESIDENT AND YOUNG PHYSICIAN MEMBER BENEFITS

- Complimentary Membership to Residents
- Reduced Membership Rates for 1st Year Post-Residency Members
- Reduced Luncheon Rates
- Award Programs

MEMBERSHIP CATEGORIES AND REQUIREMENTS

ACTIVE MEMBER

Any physician who is a resident of the United States of America or Canada who has been certified by the American Board of Dermatology or who has received specialty certification in dermatology by the Royal College of Physicians and Surgeons of Canada shall be eligible to become an Active Member.

Membership Dues for Active Member = **\$150**

ASSOCIATE MEMBER

Any physician in good standing who is a resident of the United States of America or Canada who has had three years of full time experience in the practice of or is a teacher or graduate student of dermatology and who has training which qualifies the individual for the examination of the American Board of Dermatology, the examination in dermatology of the Royal College of Physicians and Surgeons in Canada, or the examination of the American Osteopathic Board of Dermatology shall be eligible to be an Associate.

Membership Dues for Associate Member = **\$150**

CURRENT DERMATOLOGY RESIDENT / FELLOW

Any physician who is currently participating in a training program in dermatology which is accredited by the Accreditation Council of Graduate Medical Education (includes resident osteopathic dermatologists in an approved osteopathic program), and who is actively pursuing the educational requirements for certification by the American Board of Dermatology, or for certification in dermatology by the Royal College of Physicians and Surgeons of Canada shall be eligible to become a Current Dermatology Resident.

Membership Dues for Current Dermatology Resident/Fellow = **Complimentary**

1ST YEAR POST-DERMATOLOGY RESIDENCY AND/OR FELLOW MEMBER

Any physician who is currently in his/her first year post-dermatology residency or fellowship and has participated in a training program in dermatology which is accredited by the Accreditation Council of Graduate Medical Education and who is certified by the American Board of Dermatology or by the Royal College of Physicians and Surgeons of Canada shall be eligible to become a 1st Year Post-Dermatology Residency and/or Fellow.

Membership Dues for 1st Year Post-Dermatology Residency and/or Fellow Member = **\$50**

CORPORATE MEMBER

A Corporate Member shall be a woman or man currently employed or engaged in a business activity that supports the specialty of dermatology. These members shall be non-dermatologist physicians, PhD holders or other scientists devoting a major portion of their time to dermatologic research in industry settings, or non-scientist industry leaders on a director level or higher whose careers are devoted to promoting and improving the field of dermatology. Applicants for corporate membership shall submit 2 letters of recommendation from Active WDS members.

Membership Dues for Corporate Member = **\$300**

AFFILIATE/INTERNATIONAL MEMBER

An Affiliate/International Member shall be an individual who is certified in dermatology by a non-US or non-Canadian board or its licensing equivalent OR who satisfies educational/professional requirements for certification by the American Board of Dermatology or Royal College of Physicians and Surgeons of Canada. Physicians who do not reside in the United States or Canada who are certified by either the American Board of Dermatology or the Royal College of Physicians and Surgeons of Canada may also be eligible for Affiliate/International Member status. Specialized positions in dermatology may also be eligible for this category of membership.

Membership Dues for Affiliate/International Member = **\$150**

JOINT WDS/INDIAN MEMBER

Membership is open to dermatologists who reside in India who are certified in dermatology by a non-US or non-Canadian board OR who satisfy the approximate equivalent requirements for certification by the American Board of Dermatology/Royal College of Physicians and Surgeons of Canada. Joint WDS/IWDS Members are eligible to serve on WDS committees, be mentors, submit articles, and be considered for scientific events. These members may vote, but are not eligible to hold office. They will receive all materials produced by members by WDS and IWDS and are obligated to pay all dues and assessments imposed by the WDS and IWDS bylaws and to observe all bylaws and administrative regulations of the Women's Dermatologic Society and the Indian Women's Dermatologic Society.

Membership Dues for JOINT WDS/Indian Member = **\$150**

INTERNATIONAL DERMATOLOGY E-MEMBER

All International Dermatology E-Members receive all electronic information and correspondence with the WDS but do not receive any materials in printed form. International Dermatology E-Members shall be physicians who are certified in dermatology by a non-US or non-Canadian board or its licensing equivalent OR who satisfy educational or professional requirements approximately equivalent to the requirements for certification by the Royal College of Physicians and Surgeons of Canada. International Dermatology E-Members may include physicians who do not reside in the US / Canada who are certified by the American Board of Dermatology or the Royal College of Physicians and Surgeons.

Membership Dues for International Dermatology E-Member = **\$50**

INTERNATIONAL DERMATOLOGY RESIDENT E-MEMBER

All International Dermatology Resident E-Members receive electronic communications from the WDS but do not receive any materials in printed form. International Dermatology Resident E-Members shall be any physicians who are currently residents and who are certified in dermatology by a non-US or non-Canadian board or its licensing equivalent OR who satisfy educational or professional requirements approximately equivalent to certification requirements for the American Board of Dermatology or the Royal College of Physicians and Surgeons. International Dermatology Resident E-Members may include residents who do not reside in the US / Canada who meet membership requirements.

Membership Dues for International Dermatology Resident E-Member = **Complimentary**

National Office

555 East Wells Street, Suite 1100 • Milwaukee, WI 53202

Toll free: 877-WDS-ROSE • Phone: 414-918-9887 • Fax: 414-276-6070 • Email: wds@womensderm.org • www.womensderm.org



APPLICATION FOR MEMBERSHIP

		DATE
FIRST NAME	MIDDLE INITIAL	LAST NAME

Membership Category you are applying for (categories described inside WDS membership brochure and online at www.womensderm.org):

☐ Active Member / **\$150**
☐ Affiliate/International Member / **\$150**

☐ Associate Member / **\$150**
☐ JOINT WDS/Indian Member/ **\$150**

☐ Current Dermatology Resident/Fellow / **Complimentary**
☐ International Dermatology E-Member / **\$50**

☐ 1st Year Post-Dermatology Residency and/or Fellow / **\$50**
☐ International Dermatology Resident E-Member / **Complimentary**

☐ Corporate Member / **\$300**

DEGREE OR TITLE	DATE OF BIRTH	SPOUSE'S NAME
FIELD OF SPECIALTY		

BUSINESS CONTACT INFORMATION

COMPANY (IF APPLICABLE)		
ADDRESS		
CITY	STATE	POSTAL CODE/COUNTRY
BUSINESS PHONE		FAX NUMBER
EMAIL		CITIZENSHIP

HOME CONTACT INFORMATION

ADDRESS		
CITY	STATE	POSTAL CODE/COUNTRY
HOME PHONE		EMAIL

Preferred Mailing Address: ☐ Business ☐ Home

☐ You may post pictures from WDS events to all WDS social media accounts

☐ You may publish my contact information on the WDS website to be viewed by members only

☐ Do NOT publish my email address at all in print or on the WDS website

☐ Do NOT publish my contact information in print or on the WDS website

Practice: ☐ Private ☐ Academic ☐ Other (please describe): _____

EDUCATION/INSTITUTION

UNDERGRADUATE	DEGREE	YR. COMPLETED
MEDICAL OR GRADUATE SCHOOL (CORPORATE APPLICANTS CAN SKIP AHEAD TO SPONSORS)	DEGREE	YR. COMPLETED
DERMATOLOGY RESIDENCY PROGRAM	YR. COMPLETED/PROPOSED COMPLETION	
OTHER SPECIALTY TRAINING	YR. COMPLETED/PROPOSED COMPLETION	
POST-DERMATOLOGY RESIDENCY FELLOWSHIP (IF APPLICABLE)	YR. COMPLETED/PROPOSED COMPLETION	

CERTIFICATION (Not required for Corporate Member Applicants)

AMERICAN BOARD OF DERMATOLOGY BOARD ELIGIBILITY YEAR		DERMATOLOGY BOARD CERTIFICATION YEAR	
ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA BOARD ELIGIBILITY YEAR		DERMATOLOGY BOARD CERTIFICATION YEAR	
EQUIVALENT BOARD (OTHER COUNTRIES)	COUNTRY	DERMATOLOGY BOARD ELIGIBILITY YEAR	DERMATOLOGY BOARD CERTIFICATION YEAR

ADDITIONAL INFORMATION

Has your license to practice medicine in any jurisdiction ever been limited, suspended, or revoked?.....☐ Yes ☐ No

Have your privileges at any hospital ever been suspended, diminished, revoked or not renewed?☐ Yes ☐ No

Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any local, state, or national medical society?☐ Yes ☐ No

Are there any charges pending resolution by a Board of Medical Examiners in any state in which you have practiced medicine?.....☐ Yes ☐ No

Have you ever been sanctioned by the Board of Medical Examiners?☐ Yes ☐ No

SPONSORS (Not required for Current Dermatology Resident/Fellow Member Applicants)

List names of two members of the Women's Dermatologic Society from whom the Membership Committee may request letters of endorsement. One of these members should reside in the vicinity of the applicant. (Contact WDS headquarters for assistance.)

WDS MEMBER SPONSOR #1	WDS MEMBER SPONSOR #2
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RESIDENTS/POST-RESIDENCY FELLOWS ONLY*

PROGRAM DIRECTOR'S NAME	PHONE NUMBER
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Are you currently in an ACGME approved program (*does not apply to applicants who reside outside of the U.S.*)?☐ Yes ☐ No

APPLICATION & FEES DETAILS

Application must be submitted with first year's annual dues.

****Please note that dues will be refunded if membership is not granted.**

Membership Category you are applying for: (categories described inside WDS membership brochure and www.womensderm.org):

- | | |
|--|---|
| <input type="checkbox"/> Active Member / \$150 | <input type="checkbox"/> Affiliate/International Member / \$150 |
| <input type="checkbox"/> Associate Member / \$150 | <input type="checkbox"/> JOINT WDS/Indian Member/ \$150 |
| <input type="checkbox"/> Current Dermatology Resident/Fellow / Complimentary | <input type="checkbox"/> International Dermatology E-Member / \$50 |
| <input type="checkbox"/> 1st Year Post-Dermatology Residency and/or Fellow / \$50 | <input type="checkbox"/> International Dermatology Resident E-Member / Complimentary |
| <input type="checkbox"/> Corporate Member / \$300 | |

☐ I would also like to donate to the Legacy Fund in the amount of \$_____ (optional)

SEND OR MAIL COMPLETED APPLICATION TO:

Mail: Women's Dermatologic Society | 555 E. Wells Street, Suite 1100 Milwaukee, WI 53202

Fax: (414) 272-6070

Email: wds@womensderm.org

METHOD OF PAYMENT

☐ CHECK (PAYABLE TO WDS) CHECK #:

☐ CREDIT CARD ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

CREDIT CARD #:	SECURITY CODE:	EXPIRATION DATE:
CARDHOLDER'S NAME:	AUTHORIZATION SIGNATURE (REQUIRED)	

I AFFIRM THAT ALL ABOVE INFORMATION SUBMITTED IS COMPLETE

SIGNATURE	DATE
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****Membership applications are reviewed and approved by the Board of Directors.**

***Use of the name of Women's Dermatologic Society and/or the Society logo on business or in any advertisement is prohibited.**

***Incomplete applications will not be accepted.**