



APPLICATION FOR MEMBERSHIP

Incomplete applications will not be accepted

DATE		
FIRST NAME	MIDDLE INITIAL	LAST NAME

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

- Active
 Associate
 Current Dermatology Resident/Post Dermatology Residency Fellow
 Life
 Honorary
 Corporate
 Affiliate/International
 International Dermatology E-Member
 International Dermatology Resident E-Member
 Joint WDS/EuWDS

DEGREE OR TITLE	DATE OF BIRTH	SPOUSE'S NAME
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WORK MAILING ADDRESS

COMPANY (IF APPLICABLE)				
ADDRESS				
CITY		STATE	ZIP	COUNTRY
CITY/AREA CODE	LOCAL NUMBER		COUNTRY CODE	
CITY/AREA CODE	FAX NUMBER		COUNTRY CODE	
EMAIL			CITIZENSHIP	

HOME ADDRESS

ADDRESS				
CITY		STATE	ZIP	COUNTRY
HOME TELEPHONE NUMBER:				
CITY/AREA CODE	LOCAL NUMBER		COUNTRY CODE	

Preferred mailing Address: Work Home

- You may publish my contact information on the WDS website to be viewed by members only
 Do NOT publish my e-mail address at all in print or on the WDS website
 Do NOT publish my contact information in print or on the WDS website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
DERMATOLOGYGY RESIDENCY PROGRAM		YR. COMPLETED/PROPOSED COMPLETION
OTHER SPECIALTY TRAINING		YR. COMPLETED/PROPOSED COMPLETION
POST-DERMATOLOGY RESIDENCY FELLOWSHIP (IF APPLICABLE)		YR. COMPLETED/PROPOSED COMPLETION

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FIRST NAME	MIDDLE INITIAL	LAST NAME
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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	
EQUIVALANT 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

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 if sponsors are needed.)

Resident/Fellow applicants, skip to the next section entitled RESIDENTS/POST-RESIDENCY FELLOWS ONLY

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

* Pre-Residency Fellows are not eligible for membership. Post-Residency Fellows may apply for Resident membership.

APPLICATION & FEES DETAILS

Application must be accompanied by a non-refundable application fee and first year’s annual dues. (Dues will be refunded if membership is not granted). **The application fee and dues are waived for those applying for Resident/Fellow and International Resident E-Member Status.** Dues are US \$50 for members in their first year following completing of training, beginning in the first calendar year after membership is fully approved by the Membership Committee and then by the Board of Directors**. Please submit a check or money order in US currency per the options below:

No Application Fees: **1-Year:** \$125.00 USD **1-Year** \$50.00 USD **3-Years (Discount):** \$350 USD **3-Years (Discount):** \$375 (includes \$25 Legacy contribution)

Mail To: **Women’s Dermatologic Society | 700 N Fairfax St. Suite 510 | Alexandria, VA 22314**
 Fax To: **571-527-3105** (Contact WDS Headquarters at 1-877-WDS-ROSE or local 571-527-3115 with questions)

METHOD OF PAYMENT

<input type="checkbox"/> CHECK (PAYABLE TO WDS) CHECK #:	Referral Code:
<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS	
CREDIT CARD #:	EXPIRATION DATE
CARDHOLDER'S NAME:	AUTHORIZED SIGNATURE (REQUIRED)

I AFFIRM THAT ALL ABOVE INFORMATION SUBMITTED IS COMPLETE

Incomplete applications will not be accepted

SIGNATURE	DATE
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*Note: Use of the name of Women’s Dermatologic Society and/or the Society logo on business or in any advertisement is prohibited.

**Membership applications are reviewed and approved by the Board of Directors twice yearly.