

MEMBERSHIP Application

Please print legibly • Complete both sides of the application

Apply online at www.contactderm.org

Personal Information						
Prefix First Name	M	Last Nai	ne		Suffix	
Preferred Name		Designation(s) MD, PhD, DO, etc.				
Contact Information						
Preferred Email		Prefe			erred Phone	
Preferred Mailing Address	City		State/Province	Zip/Postal Code	Country	
Professional Demographics: Training	g History					
Medical or Graduate School Institution				Degree	Completion Date	
Residency or Postgraduate Training Institution	on			Degree	Completion Date	
Other Specialty Training Institution				Degree	Completion Date	
Professional Demographics: Board (Certifications If app	licable • Check all	that apply			
American Board of Dermatology (ABD)		America	n Board of Allergy a	ind Immunology (ABAI)		
Expiration Date Academic Mexicana de Dermatología Sociedad Mexicana de Dermatología					Expiration Date	
Royal College of Physicians and Surgeo	Expiration Date ons of Canada (RCPS0		<u>.</u>		Expiration Date	
European Academy of Dermatology and	Venereology (EADV)	Expiration Da				
Other specialty board certification		Expiration Da	le			
Туре					Expiration Date	
Find a Provider Available to Fellow and Associa	te members only					
The Find a Provider database is a public data professionals who provide patch testing serve		CDS as a refer	ence for patients ar	nd referring physicians t	o find medical	
 Include me in the Find a Provider dat I do not want to be included in the Fi 			in the database			
Practice Name			Practice Phone N	umber		
Address	City		State/Province	Zip/Postal Code	Country	
Types of patch test services offer ACDS Core 90/NACDG Screen		_	ad Datab Tasting		Lin	
Children/Pediatric (< 12 yo) Patch Te	TRUE Test Basic sting Drug Pa	atch Testing	ed Patch Testing Photo Patch Te	Sting Occupational Work	-04	

Professional Memberships If applicable • Check all that apply						
Are you a member of… 🔲 American Academy of Dermatology (AAD) ID:						
American Medical Association (AMA)						
Practice Demographics						
Institution/Company Name						
Practice Type: Academic Private Practice Industry Government/Military	y 🔲 Retired					
Section 1: Select Membership Type For complete member category descriptions, visit <u>www.contactderm.org/members/join-or-renew</u>						
Fellow Annual Dues: \$365.00 • Application Fee: \$35.00 Benefits include CAMP access and an online and print subscription to the <i>Dermatitis</i> Journal For physicians who reside in North, Central, or South America, and are certified by (i) the American Board of Dermatology, (ii) the Royal College of Physicians and Surgeons of Canada (RCPSC), certified in Dermatology, (iii) the Academia Mexicana de Dermatología, (iv) the Sociedad Mexicana de Dermatología, (v) the European Academy of Dermatology, or the approximate equivalent to the training requirements for certification by the American Board of Dermatology. Fellow physicians (e.g. Occupational Physicians or Allergists) who are in the noted geographic area but are not certified by the cited dermatology organizations may also apply for Fellow membership, provided their application is supported by the endorsement of an ACDS Fellow member in good standing.						
Associate Annual Dues: \$175.00 • Application Fee: \$35.00 Benefits include an online subscription to the <i>Dermatitis</i> Journal For physicians who reside in any country other than North, Central, or South America, and are certified by (i) the American Board of Dermatology, (ii) the Royal College of Physicians and Surgeons of Canada (RCPSC), certified in Dermatology, (iii) the Academia Mexicana de Dermatología, (iv) the Sociedad Mexicana de Dermatología, (v) the European Academy of Dermatology, or the approximate equivalent to the training requirements for certification by the American Board of Dermatology. Fellow physicians (e.g. Occupational Physicians or Allergists) who are in the noted geographic area but are not certified by the cited dermatology organizations may also apply for Associate membership, provided their application is supported by the endorsement of an ACDS Fellow or Associate member in good standing. Upgrade: additional \$190.00 Includes CAMP access and a print subscription to the <i>Dermatitis</i> Journal						
Affiliate Annual Dues: \$365.00 • Application Fee: \$35.00 Benefits include CAMP access and an online and print subscription to the <i>Dermatitis</i> Journal For non-physicians with a degree in a scientific discipline or allied health profession, with involvement in dermatology, and who is employed by a medical school, governmental or public organization, pharmaceutical company, cosmetic firm, or by an ACDS Fellow or Associate member.						
Adjunct Annual Dues: \$75.00 • Application Fee: \$15.00 Benefits include CAMP access						
For nurses, patch test technicians, and patch test coordinators who work under the direct supervision of a Fellow or Associate Member.						
e-Resident Annual Dues: FREE • Application Fee: FREE Benefits include CAMP access and an online subscription to the Dermatitis Journal For residents or fellows currently in good standing in an approved dermatology training program, accredited by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), or the Royal College of Physicians and Surgeons of Canada (RCPSC), and are located in North, Central or South America						
Upgrade: additional \$125.00 Includes a print subscription to the <i>Dermatitis</i> Journal						
Membership Dues: Based on calendar year, January 1 st thru December 31 st						
	Application fee:					
	Section 1 Amount:					
Section 2: Optional Contribution The American Contact Dermatitis Society (ACDS) is registered as a 501(c)(3) non-profit organization. Contributions to the ACDS are tax-deductible to the extent permitted by law. The ACDS tax identification number 36-3741184.						
□ \$200.00 □ \$150.00 □ \$100.00 □ \$50.00 □ Other:						
Donation Designation						
General ACDS Donation: to area of greatest need CAMP	Section 2 Amount:					
Payment Information						
Select one: American Express Discover Mastercard Visa Check NOTE: When using a credit card, consider including the credit card processing fee of 2.3% to help offset the cost.	Make check payable to ACDS					
	Section 1 Amount:					
Credit Card Number Expiration Date	Section 2 Amount:					
Name as it appears on the card Printed	Credit Card Fee (3%):					
	Total Amount Enclosed:					
Cardholder's Signature Required						
Please Return Completed Membership Application and Payment to:						
American Contact Dermatitis Society 555 E Wells Street, Suite 1100 Milwaukee, WI 53202						
Phone: (414) 918-9805 Fax: (414) 276-3349 Email: info@contactderm.org						

ACDS membership dues are not deductible as a charitable expense but may be deductible as a business expense related to your practice.

NOTE: Use of the name of the American Contact Dermatitis Society and/or the Society logo on business stationary or in any advertisement is prohibited.