



American Contact Dermatitis Society

MEMBERSHIP APPLICATION

Please print legibly • Complete both sides of application

Apply online at www.contactderm.org

Dr. Prof Mr. Mrs. Ms. Miss First Name MI Last Name Degree (MD/DO) or Title Birthdate

Institution or Company Name

Preferred Mailing Address City State or Province Zip or Postal Code Country

Home Phone Number Work Phone Number

Personal Email Work Email

Education/Training

Medical or Graduate School Degree/Date

Residency or Postgraduate School Degree/Date

Certifications (if applicable)

American Board of Dermatology (date) _____ Royal College of Physicians & Surgeons (Canada) (date) _____

Academia Mexicana de Dermatologia (date) _____ Sociedad Mexicana de Dermatologia (date) _____

European Academy of Dermatology (date) _____ American Board of Allergy and Immunology (date) _____

Other Specialty Boards (please specify) (date) _____

Are you a member of the American Medical Association? Yes No

Find a Provider Database

The Find a Provider database is produced by the American Contact Dermatitis Society (ACDS) as a reference of professional information on individual dermatologists, allergists and physicians who provide patch test services and is available to the public. Only physician (Fellow and Associate) members are included in the Find a Provider database.

Would you like to be included in our physician finder for patch testing (for patients and referring physicians)? Yes No

Company Address City State or Province Zip or Postal Code Country Phone Number

Types of patch test services we offer: ACDS Core 80/NACDG Screen Children/Pediatric (<12 years old) Drug Patch Testing
 Extended Patch Testing Occupational Work-Up Photo Patch Testing TRUE Test – Basic

Communication Preferences

Opt Out

Exclude from email communications Exclude from meeting announcements Exclude from postal mail communications
 Exclude from fax communications Exclude from members-only directory

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. Temporary membership includes all rights of membership except the right to vote, hold office and committee appointments, or attend the business portion of the annual meeting, until the application is approved.

1. Membership Categories and Requirements

For complete category descriptions, please visit: www.contactderm.org/members

Physicians

- Fellow Membership** Includes paper/online subscription to *Dermatitis* Journal and CAMP Access **\$300 (\$35 application fee)** \$ _____
Any physician who is a resident of North, Central or South America and who is certified by one of the cited organizations, or who has had training that is approximately equivalent to the requirements for certification by the American Board of Dermatology, shall be eligible to be a Fellow. Physicians who are not certified by the cited organizations may apply, provided their application is supported by the endorsement of one Society Fellow in good standing.
- Associate Membership** Includes online subscription to the *Dermatitis* Journal (Excludes CAMP Access)..... **\$150 (\$35 application fee)** \$ _____
Any physician who resides in any country other than North, Central or South America who has had training that is approximately equivalent to the requirements for certification by the American Board of Dermatology shall be eligible to be an Associate. Physicians who are not certified by the cited organizations may apply for membership, provided their application is supported by the endorsement of one Society Fellow in good standing.
- Associate Upgrade Option** Includes paper subscription of the *Dermatitis* Journal and CAMP Access **\$150 additional fee applies** \$ _____

Non-Physicians

- Affiliate Membership** Includes paper/online subscription to *Dermatitis* Journal and CAMP Access **\$300 (\$35 application fee)** \$ _____
Any non-physician with a degree in a scientific discipline or allied health profession with involvement in dermatology who is employed by a medical school, governmental or public organization, pharmaceutical company, cosmetic firm or by a physician Fellow or Associate of ACDS shall be eligible to become an Affiliate, provided their application is supported by the endorsement of one Society Fellow in good standing.
- Adjunct Membership** Includes CAMP Access **\$50 (\$15 application fee)** \$ _____
This category includes nurses, patch test technicians, patch test coordinators, etc. who work under the direct supervision of a Fellow or Associate Member and is contingent on the good-standing of the primary member. Requires an endorsement letter from the primary ACDS member confirming employment.

Residents

- Resident Membership** Includes online subscription to the *Dermatitis* Journal and CAMP Access **FREE**
Any resident or fellow currently in good standing at an approved dermatology training program, accredited by Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) and located in North, Central or South American shall be eligible to become a Resident member. Resident applications must include a letter of endorsement from the Dermatology Program Chair at their training institution.
 - E-Resident Upgrade Option** Includes paper subscription of the *Dermatitis* Journal..... **\$125 additional fee applies** \$ _____
- Membership Fee** (based upon calendar year January 1 to December 31) \$ _____
One-time Application Fee \$ _____
Section 1 Total Amount: \$ _____

2. Optional Voluntary 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.

One of the primary objectives of the ACDS is to promote the education and investigative research into the fields of contact dermatitis and occupational skin disease. Please consider making a contribution to the Society to assist in this initiative. For more information, please visit www.contactderm.org/donate.

- \$200 \$150 \$100 \$50 Other _____

Donation Designation

- General ACDS Donation – area of greatest need CAMP **Section 2 Amount:** \$ _____

Payment Information

Please check one: American Express Discover MasterCard Visa Check (make check payable to ACDS)

Name as it appears on card (please print) _____ **Total Amount Enclosed (Sections 1 + 2)** _____

Credit Card Number _____ Expiration Date _____ Security Code _____ Signature of Card Holder (required) _____

Please Return Completed Membership Application and Payment to:

American Contact Dermatitis Society | 555 East Wells Street, Suite 1100 | Milwaukee, WI 53202
Phone: (414) 918-9805 | Fax: (414) 276-3349 | Email: info@contactderm.org

PRIVACY AND DATA PROTECTION POLICY:

The American Contact Dermatitis Society (ACDS) takes your privacy seriously. ACDS will only use your personal information to process your membership application, to provide services that you have requested from ACDS and otherwise as you may expressly consent. A complete copy of ACDS’s Privacy and Data Protection Statement, the terms of which are incorporated herein, can be found online at www.contactderm.org/privacy-policy.

By providing consent, you are allowing ACDS to process your personal data. ACDS will collect and store information you provide on the membership application for the purposes of enabling us to process your membership; to engage in activity in relation to our member services (sending newsletters, updates, event invitations and other information that may be of interest to you); to share data with membership benefit providers to ensure you receive your membership products and services; and to allow the compilation and analysis of statistics relevant to ACDS.

ACDS will not otherwise, without your consent, use or disclose your personal information for any purpose unless it would reasonably be expected that such a purpose is related to the offer, provision and improvement of membership where such purpose is permitted or required by law.

I have read the privacy statement for the ACDS Membership Application.