



American Contact Dermatitis Society APPLICATION FOR MEMBERSHIP

Date: _____

Category:* __Fellow / __ Associate / __Affiliate / __Resident

Application Procedures: Each applicant for Fellow, Associate or Affiliate status shall complete and submit an Application Form with proof of current membership in goodstanding of the (i) AADA, (ii) the Royal College of Physicians and Surgeons of Canada, (iii) the Academia Mexicana de Dermatologia (iv) the Sociedad Mexicana de Dermatologia, or (v) the European Academy of Dermatology the application will be granted temporary membership. If no proof of membership of above said organizations is provided, the application form must be endorsed by one (1) Fellow of the Society or training program director which will result in temporary membership*. Each eligible resident in dermatology must submit an application accompanied by a letter of recommendation from the Chief of the Dermatology Service at his/her training institution. Application fee and dues must accompany application form.

Name: _____
LAST FIRST MIDDLE INITIAL

Birthdate _____ Degree or Title _____
MONTH DAY YEAR

Preferred Mailing Address: _____
INSTITUTION OR COMPANY NUMBER AND STREET

_____ CITY STATE OR PROVINCE ZIP OR POSTAL CODE COUNTRY

Citizenship: _____ E-mail Address: _____

Telephone Number: _____ Fax Number: _____

Education: Institution, Location, Inclusive Dates

Undergraduate _____ Degree _____

Medical or Graduate School _____ Degree _____

Residency (Postgraduate Training) _____ Degree _____

Other Specialty Training _____ Type of Specialty _____

Certification (Date):

American Board of Dermatology ___/___/___ Royal College of Physicians & Surgeons (Canada) ___/___/___

Academia Mexicana de Dermatologia ___/___/___ Sociedad Mexicana de Dermatologia ___/___/___

Equivalent Board (other countries) ___/___/___ (please specify) _____

Other Specialty Boards ___/___/___ (please specify) _____

Endorsement (1 Required):

1) Proof of current AAD membership (copy of membership certificate, card, etc.): _____

2) Endorsement from one (1) ACDS Fellow or Program Training Chair: _____

(It is the responsibility of the applicant to ensure that a letter of endorsement is mailed to the ACDS office.)

Physician Finder: Would you like to be listed on our physician finder for patch testing (for patients and referring physicians)? __ Yes __ No

Payment: An application processing fee of \$35 (US) (Fellows, Associates, Affiliates) or \$15 (US) (Residents) must accompany the membership application. ACDS dues of \$300 (US), which include a subscription to the *Dermatitis*, is due with your application. Please complete the payment information below and send with payment to:

American Contact Dermatitis Society

555 East Wells St., Suite 1100
Milwaukee, WI 53202

Telephone: 414-918-9805 / Fax: 414-276-3349

Email: info@contactderm.org

Application Fee: \$ _____ (\$35 Fellows, Associates, Affiliates / \$15 Residents)

Membership Dues: \$ _____ (\$300.00 Fellows, Associates or Affiliates / \$125.00 Residents)

TOTAL ENCLOSED: \$ _____ (\$US)

Payment Information (Please check one) Check VISA MasterCard American Express

Credit Card Number: _____ Cardholders Name: _____

Expiration Date: _____ CSC _____ Signature: _____

Note: Use of the name of the American Contact Dermatitis Society and/or the Society logo on business stationery 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 by a majority vote of members at the next regular business meeting of the Society at which such applications are to be considered.

* Visit the ACDS web site at www.contactderm.org for a list and description of the membership categories.



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Each eligible resident in dermatology must submit an application accompanied by a letter of recommendation from the Chief of the Dermatology Service at his/her training institution. Application fee and dues must accompany application form.

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 by a majority vote of members at the next regular business meeting of the Society at which such applications are to be considered.

Categories of Membership

Fellows: Any physician who is a resident of North, Central or South America and who is certified by (i) the American Board of Dermatology, (ii) the Royal College of Physicians and Surgeons of Canada, **certified in Dermatology**, (iii) the Academia Mexicana de Dermatologia, (iv) the Sociedad Mexicana de Dermatologia, (v) the European Academy of Dermatology, 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. Fellows shall have full membership rights as recognized under customary parliamentary practice, including, but not limited to, the right to attend membership meetings, participate in discussions, vote, be a candidate for elective office, and accept appointment to committees and councils.

Fellows shall be obligated to pay all dues and assessments imposed on Fellows under Article IX of these Bylaws and to observe all Bylaws and administrative regulations of the Society.

Fellow Physicians (**e.g. Occupational Physicians or Allergists**) who are in the above noted geographic area but who are not certified by the above cited organizations may apply for fellowship in the Society, provided their application is supported by the endorsement of one Society Fellow in good standing or training program director.

Associates: 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. This physician may be in teaching or research or a dermatologist in clinical practice. Associates shall have all rights of Fellows except that they shall not be eligible to serve in any elective office but will be eligible to serve on committees and councils. Associates shall be obligated to pay all dues and assessments imposed on Associates under Article IX of these Bylaws and to observe all Bylaws and administrative regulations of the Society.

Affiliates: 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 of this Society. Affiliates shall have all of the rights of Fellows except that they shall not be eligible to serve in any elective office. Affiliates shall be required to pay all dues and assessments imposed on Affiliates under Article IX of these Bylaws and shall be obligated to observe all Bylaws and administrative regulations of this Society.

Residents: Any dermatology resident in good standing in training at any approved training center in North, Central or South America shall be eligible to become a Resident of this Society. Residents shall have all of the rights of Fellows except that they shall not be eligible to serve in any elective office except as designated by Bylaws of this Society. Residents shall be required to pay all dues and assessments imposed on Resident Fellows under Article IX of these Bylaws and shall be obligated to observe all Bylaws and administrative regulations of the Society.

Members are not permitted to speak/act on behalf of or as a representative of the Society unless authorized to do so.