



American Contact Dermatitis Society APPLICATION FOR MEMBERSHIP

Date _____

Category:* **Adjunct**

Application Procedures: This category includes nurses, patch test technicians and patch test coordinators who work under the direct supervision of a Fellow or Associate Member.

Each applicant for Adjunct status shall complete and submit an Application Form. Each eligible applicant must submit an application accompanied by a letter from an ACDS Fellow or Associate Member verifying their eligibility. Application fee and dues must accompany application form. The Adjunct Member must be an employee of an ACDS Fellow or Associate Member who serves as the primary member.

The Adjunct Membership is contingent on the good-standing of the primary member. The applicant must submit a letter from the primary ACDS member confirming his or her employment. Renewal of the membership is contingent on continuing employment by the primary member. Adjunct members are not eligible to hold elected office or vote and do not receive a printed copy of the society's official journal (Dermatitis), but are entitled to all other benefits of membership.

Name: _____
LAST FIRST MIDDLE INITIAL

Birthdate _____ Degree or Title _____
MONTH DAY YEAR

Primary Member Business Mailing Address: _____
INSTITUTION OR COMPANY
NUMBER AND STREET

CITY STATE OR PROVINCE ZIP OR POSTAL CODE COUNTRY

E-mail Address: _____

Telephone Number: _____ Fax Number: _____

Education: Institution, Location, Inclusive Dates

Undergraduate _____ Degree _____

Graduate School _____ Degree _____

Other Training _____ Type of Specialty _____

Certification(s):

List certifications (please specify) _____

Name of Primary Member: _____
(It is the responsibility of the applicant to ensure that a letter of endorsement is mailed to the ACDS office.)

Payment: An application processing fee of **\$15 (US)** must accompany the membership application. ACDS dues for Adjunct Member of \$50.00 (US) is due with your application. Please complete the payment information below and send with payment to:

American Contact Dermatitis Society

555 East Wells Street, Suite 1100
Milwaukee, WI 23202

Telephone: 414-918-9805 / Fax: 414-276-3349
Email: info@contactderm.org

Application Fee: \$ 15.00

Membership Dues: \$ 50.00

TOTAL ENCLOSED: \$ 65.00 (US)

Payment Information (Please check one)

Check VISA MasterCard American Express

Credit Card Number: _____ Cardholders Name: _____

Expiration Date: _____ Signature: _____

Note: Use of the name or 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.