



American Contact Dermatitis Society

MEMBERSHIP APPLICATION

Please print legibly

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 Fax 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) _____
- Academia Mexicana de Dermatologia (date) _____
- European Academy of Dermatology (date) _____
- Other Specialty Boards (please specify) (date) _____
- Royal College of Physicians & Surgeons (Canada) (date) _____
- Sociedad Mexicana de Dermatologia (date) _____
- American Board of Allergy and Immunology (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 general public.

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

Information to display online City State or Province Zip or Postal Code Country Phone Number

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

Communication Preferences

- Opt Out
- Exclude from email communications
 - Exclude from members-only directory
 - Exclude from postal mail communications

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

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 above cited organizations may apply, provided their application is supported by the endorsement of one Society Fellow in good standing.
- Associate Membership** Includes electronic access to the *Dermatitis* Journal (Excludes CAMP Access)..... **\$150 (\$35 application fee)** \$ _____
- Upgrade to a paper copy of the *Dermatitis* Journal and CAMP Access** **\$150 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.

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 electronic access to *Dermatitis* Journal and 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 electronic access to the *Dermatitis* Journal and CAMP Access..... **FREE**
- Upgrade to a paper copy of the *Dermatitis* Journal** **\$125 Fee** \$ _____
Any Resident or fellow who is currently in good standing at an approved dermatology, allergy, or occupational medicine training program shall be eligible to become a Resident member. Resident applications must include a letter of endorsement from the Dermatology Program Chair at his/her training institution.
(Please add application processing fee if applying for membership) **Section 1 Amount: \$** _____

2. Optional Voluntary Contribution

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. As a result, your continued support of the society has been invaluable and is essential to the continued success of the ACDS and the educational programs they offer. Please consider making a contribution to one of the funds. Additional details regarding the specific funds can be found online at www.contactderm.org/donate.
Voluntary contributions may qualify as a charitable contribution. EIN: 36-3741184

- Alexander A. Fisher Lectureship Award Fund _____ Howard I. Maibach Travel Award Fund _____ Robert M. Adams Fund _____
 Alexander A. Fisher Resident Award Fund _____ James R. Nethercott Clinical Research Award Fund _____
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 _____

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 administer your registration, attendance, and credit claiming/attendance record for the 2020 ACDS Annual Meeting, 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 Policy, 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 Registration Form for the purposes of enabling us to register your attendance at the Meeting; to assist with administrative, planning and marketing purposes; and to allow the compilation and analysis of statistics relevant to ACDS. The information you provide in the Registration Form and information provided at any other time during the Meeting, including without limitation any feedback obtained during the Meeting, will be used by ACDS to offer, provide and continue to improve its Annual Meeting and other services.

With your permission, ACDS may disclose some information that is collected on the Registration Form such as your name, organization, and address to exhibitors and industry supporters (subject to conditions) for marketing purposes as well as disclosing your name to attendees on the mobile app directory. ACDS will also use your email address to communicate important information regarding this event and for marketing purposes for future events. 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 the Annual Meeting or where such purpose is permitted or required by law.

I have read the privacy statement for the 2020 ACDS Annual Meeting.