



MEMBERSHIP APPLICATION

The American Society of Dermatopathology

111 Deer Lake Road, Suite 100

Deerfield, Illinois, 60015 USA

Phone 847/400-5820 • Fax 847/480-9282

E-mail: info@asdp.org • Web site: www.asdp.org

(Please print or type and submit to the address above)

Name (include medical credentials) _____

Office name and address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Office e-mail address: _____

Home address _____

City _____ State _____ Zip _____

Home/private e-mail address: _____

My preferred mailing/billing address is: Office Home

My preferred directory address is: Office Home

College or university _____

Date of graduation _____ Degree _____

Medical school _____

Date of graduation _____ Degree _____

Postgraduate education _____

Date of graduation _____ Degree _____

Postgraduate training fellowships

Internship _____ Date _____

Residencies _____ Date _____

Fellowships _____ Date _____

Teaching appointments _____ Date _____

_____ Date _____

(continued)

Year of board certification

Dermatology _____

Pathology _____

Dermatopathology (Fellow applicants only) _____

ENCLOSE COPY OF CERTIFICATES WITH ENGLISH TRANSLATION IF APPLICABLE

Please list your current professional occupation below (Dermatologist? Pathologist? Research? Other?) If you are not a board certified Dermatologist or Pathologist, do you have a special interest in dermatopathology? If so, please attach an explanatory list or pertinent bibliography.

Membership status requested (check one)

Fellow

Associate

Non-Resident Associate

Applicants for Fellow or Associate status must be endorsed by three Fellows of the Society. Applicants for Non-Resident Associate status must be nominated by at least one Fellow of the Society and two colleagues who are familiar with his/her work. These letters of nomination must be requested by applicants and sent directly to ASDP at 111 Deer Lake Road, Ste. 100, Deerfield, IL 60015.

Names of individuals endorsing applicant

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

If accepted as a member of the American Society of Dermatopathology, I agree to abide by the Constitution and Bylaws of the Society.

Signature _____ Date _____

ASDP MEMBERSHIP APPLICATION CHECKLIST

The Membership Committee will review applications received by **August 31, 2011**, for a vote by the Board of Directors and ASDP membership at the annual meeting in October. Please make sure you have enclosed the following items to complete your application:

- o Completed and signed application (all applicants)
- o \$55 application fee payable in U.S. funds (all applicants):
- o Copy of board certification in dermatology or pathology; or MD, PhD, DVM, DDS, or other comparable doctorate and special expertise in pathology of the skin or research therein (all applicants)
- o Copy of board certification in dermatopathology (Fellow applicants only)
- o Have you asked for the letters of endorsement to be sent to the ASDP? Fellow and Associate applicants must have three (3) letters of endorsement from three (3) ASDP Fellow members. Non Resident Associate applicants must have one (1) letter of endorsement from an ASDP Fellow member and two (2) letters of endorsement from two colleagues.

Check MasterCard Visa American Express

Card Number _____ Exp. Date _____

Name on credit card _____

Billing Address _____

Signature _____