



## APPLICATION FOR MEMBERSHIP

*Incomplete applications will not be accepted*

DATE		
FIRST NAME	MIDDLE INITIAL	LAST NAME

**Membership Category you are applying for** (*categories described inside WDS membership brochure and at [www.womensderm.org](http://www.womensderm.org)*):

- Active  
  Associate  
  Current Dermatology Resident/Post-Dermatology Residency Fellow  
  Life  
  Honorary  
 Corporate  
  Affiliate/International  
  International Dermatology E-Member  
 International Dermatology Resident E-Member  
  Joint WDS/EuWDS

DEGREE OR TITLE	DATE OF BIRTH	SPOUSE'S NAME
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### WORK MAILING ADDRESS

COMPANY (IF APPLICABLE)			
ADDRESS			
CITY	STATE	ZIP	COUNTRY
CITY/AREA CODE	LOCAL NUMBER	COUNTRY CODE	
CITY/AREA CODE	FAX NUMBER	COUNTRY CODE	
E-MAIL		CITIZENSHIP	

### HOME ADDRESS

ADDRESS			
CITY	STATE	ZIP	COUNTRY
HOME TELEPHONE NUMBER:			
CITY/AREA CODE	LOCAL NUMBER	COUNTRY CODE	

Preferred Mailing Address:  Work  Home

- You may publish my contact information on the WDS website to be viewed by members only  
 Do NOT publish my e-mail address at all in print or on the WDS website  
 Do NOT publish my contact information in print or on the WDS website

Practice:  Private  Academic  Other (please describe)

### EDUCATION/INSTITUTION

UNDERGRADUATE	DEGREE	YR. COMPLETED
MEDICAL OR GRADUATE SCHOOL (CORPORATE APPLICANTS CAN SKIP AHEAD TO SPONSORS)	DEGREE	YR. COMPLETED
DERMATOLOGY RESIDENCY PROGRAM	YR. COMPLETED/PROPOSED COMPLETION	
OTHER SPECIALTY TRAINING	YR. COMPLETED/PROPOSED COMPLETION	
POST-DERMATOLOGY RESIDENCY FELLOWSHIP (IF APPLICABLE)	YR. COMPLETED/PROPOSED COMPLETION	

AREAS OF SPECIALIZATION IN DERMATOLOGY (IF APPLICABLE)	POSITION OR TITLE (IF APPLICABLE)
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**PAGE TWO**

FIRST NAME	MIDDLE INITIAL	LAST NAME
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**CERTIFICATION (Not required for Corporate Member applicants)**

AMERICAN BOARD OF DERMATOLOGY BOARD ELIGIBILITY YEAR		DERMATOLOGY BOARD CERTIFICATION YEAR	
ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA BOARD ELIGIBILITY YEAR		DERMATOLOGY BOARD CERTIFICATION YEAR	
EQUIVALENT BOARD (OTHER COUNTRIES)	COUNTRY	DERMATOLOGY BOARD ELIGIBILITY YEAR	DERMATOLOGY BOARD CERTIFICATION YEAR

**ADDITIONAL INFORMATION**

Has your license to practice medicine in any jurisdiction ever been limited, suspended, or revoked? .....  Yes  No

Have your privileges at any hospital ever been suspended, diminished, revoked or not renewed? .....  Yes  No

Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any local, state, or national medical society? .....  Yes  No

Are there any charges pending resolution by a Board of Medical Examiners in any state in which you have practiced medicine? .....  Yes  No

Have you ever been sanctioned by the Board of Medical Examiners? .....  Yes  No

**SPONSORS**

List names of two members of the Women’s Dermatologic Society from whom the Membership Committee may request letters of endorsement. One of these members should reside in the vicinity of the applicant. (Contact WDS headquarters if sponsors are needed.)

**Resident/Fellow applicants, skip to the next section entitled RESIDENTS/POST-RESIDENCY FELLOWS ONLY**

WDS MEMBER SPONSOR #1	WDS MEMBER SPONSOR #2
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**RESIDENTS/POST-RESIDENCY FELLOWS ONLY\***

PROGRAM DIRECTOR’S NAME	PHONE NUMBER
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Are you currently in an ACGME approved program? (Does not apply to applicants who reside outside of the U.S.) .....  Yes  No

*\* Pre-Residency Fellows are not eligible for membership. Post-Residency Fellows may apply for Resident membership.*

**APPLICATION & FEES DETAILS**

Application must be accompanied by a non-refundable application fee and first year’s annual dues. (Dues will be refunded if membership is not granted). Please submit a check or money order in US currency of US\$25 for the application fee and US\$100 for the annual dues for a total of US\$125.00. The application fee and dues are waived for those applying for Resident/Fellow and International Resident E-Member Status. Dues are US\$50 for members in their first year following completing of training, beginning in the first calendar year after membership is fully approved by the Membership Committee and then by the Board of Directors\*\*.

**RETURN TO:**      **Women’s Dermatologic Society**      **Toll Free: 1-877-WDS-ROSE or Local: 571-527-3115**  
 700 N Fairfax St. Suite 510      **Fax: 571-527-3105**  
 Alexandria, VA 22314      **www.womensderm.org**

**METHOD OF PAYMENT**

<input type="checkbox"/> CHECK (PAYABLE TO WDS) CHECK #:	
<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS	
CREDIT CARD #	EXPIRATION DATE
CARDHOLDER’S NAME	AUTHORIZED SIGNATURE (REQUIRED)

**I AFFIRM THAT ALL ABOVE INFORMATION SUBMITTED IS COMPLETE \*\*Incomplete applications will not be accepted\*\***

SIGNATURE	DATE
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\*Note: Use of the name of Women’s Dermatologic Society and/or the Society logo on business or in any advertisement is prohibited.

\*\*Membership applications are reviewed and approved by the Board of Directors twice yearly.