



# Society for Pediatric Dermatology

## Membership Application

Full Name (first, last, credential) \_\_\_\_\_

Birth Date \_\_\_\_\_

Date of Application \_\_\_\_\_

Preferred Mailing Address (for journal, newsletter, and Annual Meeting mailings)

Patient Access Address (Used for the Find a Pediatric Dermatologist search engine)

Address 1 \_\_\_\_\_

Used my preferred mailing address

Address 2 \_\_\_\_\_

Address 1 \_\_\_\_\_

City \_\_\_\_\_

Address 2 \_\_\_\_\_

State/Country \_\_\_\_\_

City \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

State/Country \_\_\_\_\_

Telephone \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Fax \_\_\_\_\_

Office Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Website \_\_\_\_\_

Subspecialty interests or area of expertise \_\_\_\_\_

### Education and Professional Affiliations

Medical School \_\_\_\_\_ Yrs \_\_\_\_\_

Internship \_\_\_\_\_ Yr \_\_\_\_\_

Residencies or \_\_\_\_\_ Yrs \_\_\_\_\_

Fellowships \_\_\_\_\_ Yrs \_\_\_\_\_

\_\_\_\_\_ Yrs \_\_\_\_\_

### Specialty Boards

Dermatology \_\_\_\_\_ Eligibility \_\_\_\_\_ Certification Year \_\_\_\_\_

Pediatrics \_\_\_\_\_ Eligibility \_\_\_\_\_ Certification Year \_\_\_\_\_

\_\_\_\_\_ Eligibility \_\_\_\_\_ Certification Year \_\_\_\_\_

Other (Specify) \_\_\_\_\_

### Current Hospital Affiliations

Name of Hospital \_\_\_\_\_ Position \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Position \_\_\_\_\_

### Current Medical School Affiliations

Name of School \_\_\_\_\_ Position \_\_\_\_\_

Name of School \_\_\_\_\_ Position \_\_\_\_\_



# Society for Pediatric Dermatology

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- I am a pediatric dermatologist and would like my information to appear on the public access website
- I am an adult and pediatric dermatologist and would like my information to appear on the public access website
- I am an pediatric / adult dermatologist and would NOT like my info to appear on the site
- I am a pediatrician with special interest in pediatric dermatology
- I am a research scientist/investigator with special interest in pediatric dermatology
- I am a fellow
- I am a resident
- I am a physician assistant, nurse practitioner or representative of an organization/company with an interest in pediatric dermatology

### References

**Practicing Physicians & Associate** applicants must supply 2 different professional references who can submit letters to support the application. SPD prefers references to be SPD members, but physicians who are familiar with your professional experience and/or educational background can also be used as references. SPD understands that reference letters may not arrive immediately after application is submitted and your membership initiation will not be delayed. However, reference letters are required to complete your application.

**Residents & Fellow** applicants must supply 1 professional reference who can submit a letter to support the application. SPD prefers references to be either your current Program Director or an SPD member.

(Note: Reference letters can be submitted for the applicant to the SPD post-application)

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

### Membership Fee - Special Promotional Rates

- Practicing Physicians in U.S., Canada, and Mexico ..... \$300.00
- Practicing Physicians in all other countries ..... \$315.00
- Residents in Training (*Pediatric Dermatology* journal on-line access only) ..... \$0.00
- Fellows (*Pediatric Dermatology* journal on-line access only) ..... \$0.00
- Associate Membership ..... \$300.00

(Open to anyone who does not meet requirements for categories above. These are non-voting memberships)

The annual renewal fee for practicing physicians and associate members is \$250. Membership for residents and fellows is free to the duration of their residencies or fellowships. Practicing physicians and associate members receive both a print and electronic subscription to *Pediatric Dermatology*, while resident and fellows receive on-line access only.

### Payment (Check one)

- AMEX
- MasterCard
- VISA
- Check (Make checks payable to Society for Pediatric Dermatology or SPD)

CC# \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_ Total \$ \_\_\_\_\_

Mail completed application along with membership fee  
 (in U.S. funds from bank with U.S. office only) to:

**Society for Pediatric Dermatology**  
**8365 Keystone Crossing, Suite 107**  
**Indianapolis, IN 46240**

You may also FAX the completed form to (317) 205-9481.

If you have questions, please call the SPD at (317) 202-0224.