



## APPLICATION FOR MEMBERSHIP

(Please type or print clearly)

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Preferred Mailing Address:  Office  Home

E-Mail: \_\_\_\_\_ Preferred Communication:  Mail  E-Mail  Fax

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Medical School Graduation Year: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Residency Institution: \_\_\_\_\_

Residency Completion Date (if not completed, please provide anticipated completion date): \_\_\_\_\_

Fellowship: \_\_\_\_\_

Fellowship Completion Date (if not completed, please provide anticipated completion date): \_\_\_\_\_

Primary Specialty:  Dermatology  Dermatologic Surgery  Dermatopathology  Other

Board Eligible:  Yes  No Plan to take Board Examination in: \_\_\_\_\_

Date of Certification: \_\_\_\_\_ Practice Start Date: \_\_\_\_\_

State Licensure(s): \_\_\_\_\_ Year(s): \_\_\_\_\_

**Membership Classification** (see reverse side for eligibility requirements)

Fellow (Dues - \$200)

Early Career Physician (Dues – \$50 Year 1; \$100 Year 2; \$150 Year 3)

When will you complete your third year of practice? \_\_\_\_\_

Resident Fellow (Note Exceptions: dues are free and a sponsor is not required)

**Sponsor - Required** (Must be a current active member of PAD)

1. \_\_\_\_\_

Name (print)

Signature

Do not send payment for membership dues with this application. You will be billed upon enrollment. Applications are acted upon by the Membership Committee of the Academy. Applicants will be notified of their application status within 30 days following the Committee's decision. Dues are payable within 60 days after billing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please mail completed form and curriculum vitae to:***

Pennsylvania Academy of Dermatology and Dermatologic Surgery  
 777 East Park Drive, PO Box 8820  
 Harrisburg, PA 17105-8820

Questions? Call 866-650-3376.

**Fellow:**

Fellows must be Board eligible or Board Certified Dermatologists, having the degree of M.D. or D.O., meeting the criteria of the American Board of Dermatology or the American Board of Osteopathic Dermatology. Fellows shall hold full voting privileges.

**Early Career Physician:**

The Early Career Physician is a subcategory under the Fellow membership class. Any physician who meets the Fellow membership requirements above and is in the first three years of medical practice shall be designated as an Early Career Physician and shall hold full voting privileges.

**Resident Fellow:**

Resident Fellows must be active full time in a dermatology residency or fellowship approved by the American Board of Dermatology or the American Board of Osteopathic Dermatology. Resident Fellows shall have no voting privileges.