



ASSOCIATION OF PROFESSORS OF DERMATOLOGY

MEMBERSHIP APPLICATION

1: NEW MEMBER CONTACT INFORMATION

Name: _____ Credentials: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email*: _____ Telephone: _____

*All Association related correspondence, including receipts will be forward to this email address

2: POSITION TITLE AND MEMBERSHIP LEVEL:

Check all that apply, rate for annual dues will be based on the applicants highest departmental ranking

DEPARTMENTAL POSITION	1-Year		
_____ Department Chair/Division Chief	\$500	_____ Dermatologic Surgery Division Head	\$350
_____ Academic Dermatologists	\$350	_____ Residency & Fellowship Program Directors	\$350
_____ Academic Administrator	\$150	_____ Residency Coordinator	\$150
_____ Junior Academic Dermatologist	\$150		

AFFILIATION: CHECK ALL THAT APPLY

- | | | |
|--|----------------------------------|-----------------------------|
| _____ Department Chair | _____ Dermatopathologist | _____ Medical Dermatologist |
| _____ Division Chief | _____ Pediatric Dermatologist | _____ Hospitalist |
| _____ Dermatologic Surgery Division Leader | _____ Residency Program Director | _____ Osteopathic Medicine |
| _____ Dermatologic Surgeon | _____ Fellowship Director | |
| _____ Administrator | _____ Coordinator | |

Years at Present Position: _____ Career Level: _____ Senior _____ Mid-Career _____ Junior

Percentage of Daily Time Spent in an Academic Practice: _____ <25% _____ 25-50% _____ 50-75% _____ >75%

3: SIGNATURE AND PAYMENT SECTION

Signature of Applicant

Date

SIGNATURE OF CHAIR OR CHIEF REQUIRED FOR ALL NEW MEMBERS

This applicant holds a faculty appointment in our department and the applicant's commitment and role in the academic activities of the department is commensurate with membership in the APD.

Print Name of Chair/Chief

Signature of Chair/Chief

DERMATOLOGIC SURGERY SECTION (OPTIONAL):



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MEMBERSHIP APPLICATION

The APD has organized a Dermatologic Surgery Section for members interested in promoting education in dermatologic surgery. All dermatologic surgeons participating full time in dermatology resident training programs are encouraged to become members. All members must: 1) be dermatologic surgeons who hold a faculty appointment in a dermatology department or section in an accredited medical school and/or in an accredited free standing three year residency training programs outside medical schools located in the United States, Canada and Puerto Rico. The Steering Committee will determine who is a dermatologic surgeon and which level of academic affiliation qualifies for membership and the American Board of Dermatology will determine which programs are accredited, and 2) actively contribute to the dermatologic surgical education of medical students, residents, fellows, and/or practicing physicians.

_____ Yes, I am interested in participating in the Dermatologic Surgery Section of the APD

DERMATOLOGY ACADEMIC ADMINISTRATORS GROUP (DAAG):

DAAG exists to provide networking and educational opportunities that promote professional growth of academic administrators that will facilitate leadership and collaboration between dermatology departments/divisions in the changing world of academic medicine. All fulltime administrators working in an academic dermatology department are encouraged to become members.

_____ Yes, I am interested in participating in the Dermatology Academic Administrators Group (DAAG)

DERMATOPATHOLOGY SECTION:

The Dermatopathology Section recognizes the essential role and contribution of dermatopathologists, in particular dermatology trained dermatopathologists, in the education of medical students, residents, and fellows. The Section provides a forum for networking and discussion of opportunities, challenges, and developments of dermatopathology training in residency and fellowship programs. Residency and fellowship program refers to an ACGME approved training program. All dermatopathologists participating in resident and fellowship training programs are encouraged to become members.

_____ Yes, I am interested in participating in the Dermatopathology Section

PEDIATRIC DERMATOLOGY SECTION:

The Pediatric Dermatology Section recognizes the special role and contribution of full-time academic pediatric dermatologists in training medical students, residents, and fellows, and in maintaining the academic environment in which pediatric dermatology training primarily occurs. The organization also recognizes the important contribution of volunteer community faculty in pediatric dermatology education and research. The Section provides a forum for discussion of opportunities, challenges, and developments of mutual interest to the academic faculty of dermatology training programs in the United States, Canada, and Puerto Rico. All pediatric dermatologists participating full-time in dermatology resident and pediatric dermatology fellowship training programs are encouraged to become members.

_____ Yes, I am interested in participating in the Pediatric Dermatology Section

RESIDENCY PROGRAM DIRECTORS SECTION:

The Residency Program Directors Section (ACGME approved dermatology residency training programs) recognizes the essential role and contribution of program directors in the education of medical students and dermatology residents. The Section provides a forum for discussion of the opportunities, challenges, and developments for dermatology residency programs. All residency program and associate/assistant program directors in dermatology resident training programs are encouraged to become members.

_____ Yes, I am interested in participating in the Residency Program Directors Section

4: ANNUAL MEMBERSHIP DUES PAYMENT METHOD AND INFORMATION

CHECK: CHECK: Check or Money Order must be United States Currency and Drawn from a United States Bank

Checks Payable to the "Association of Professors of Dermatology"

CREDIT CARD: Credit Card Information _____ American Express _____ Master Card _____ Visa

Total Amount Authorized for Annual Membership Dues

\$ _____

Name on Card (please print) _____



ASSOCIATION OF PROFESSORS OF DERMATOLOGY

MEMBERSHIP APPLICATION

Card Number _____

Expiration Date: _____ CVV 3/4 digit security code: _____

Billing Address: _____

Email Receipt to: _____

5: THIS COMPLETED FORM WITH PAYMENT CAN BE SUBMITTED VIA ONE OF THE SUGGESTED METHODS

Mail	Association Management Executives, Inc., 6134 Poplar Bluff Circle, Suite 101, Norcross, GA 30092
Fax	305.422.3327
Email	caroline@theassociationcompany.com