



International Society of Dermatology

APPLICATION FOR MEMBERSHIP

Join online at www.intsocderm.org

(Please print or type clearly)

Name _____
(Last/Family) (First/Given) (Middle)

Institution _____

Address _____
(Street) (Apt. or Suite No.)

(City) (State/Region) (Postal Code) (Country)

Telephone _____ Fax _____
(Country/City Code) (Area Code) (Number) (Country/City Code) (Area Code) (Number)

E-mail _____ Birthdate _____
(Month/Day/Year)

Scientific Degree (e.g., M.D., M.B.B.S., Ph.D., M.S., B.S., etc.) _____ Gender: Male Female

1. I wish to join the ISD membership in the following category (please check only one):

INDIVIDUAL MEMBERSHIPS:

 Regular Member US \$125.00
This is the regular and usual membership of the Society. Annual dues of US \$125.00 include a subscription to the *International Journal of Dermatology*. May hold elective office and vote.

 E-Member US \$45.00
This is a new category of membership, which is available to members living and practicing in a Group A or Group B country as defined by WHO and the World Bank.* Available to those who are eligible, e-members will receive only electronic access to the *International Journal of Dermatology* and all correspondence will be electronic. (If you are a current member wishing to switch to this level, you need to contact the ISD office in order to change your membership status)
*A complete list of those countries can be found at <http://www.who.int/hinari/eligibility/en/>.

 Associate Member US \$75.00
This category is suggested for residents/medical students of any country, or dermatologists currently staying in developing countries (designated by OECD). Annual dues of US \$75.00 include a subscription to the *International Journal of Dermatology*. Associates cannot hold elected office or vote on Society matters.

 Individual Sponsoring Member US \$250.00
This category is for individuals who want to sponsor members from developing countries or trainees (residents) from any country. In addition to the privileges and benefit of the Regular Membership, the sponsor will receive an Individual Sponsoring Member certificate. The annual dues of US \$250.00 sponsor up to 2 Associate Members in addition to the sponsor's membership.

Sponsoring Members may select 1 or 2 eligible members to support or allow ISD to select from a list of eligible candidates.

 Let ISD select the sponsored members

 I would like to sponsor the following dermatologists and/or dermatologists in training. The names are listed below.

Sponsored Member Name: _____

Email: _____

Sponsored Member Name: _____

Email: _____

2. Payment is to be made in U.S. Dollars.

Indicate method of payment:

 Check payable in US \$ to: International Society of Dermatology

 Credit Card (preferable for applications made outside the U.S.; please complete the adjacent box)

3. Send completed application with payment by fax or mail to:

INTERNATIONAL SOCIETY OF DERMATOLOGY
PO Box 79524 • Baltimore, MD 21279-0524 USA

Phone: +1 386-437-4405 Fax: +1 386-437-4427

E-mail: info@intsocderm.org

Web site: www.intsocderm.org

Print clearly. Please check card type:

MasterCard Visa American Express

Card Number _____

Expiration Date _____

Cardholder's Name _____

Signature _____