

American Contact Dermatitis Society

555 E Wells Street, Suite 1100 Milwaukee, WI 53202

MEMBERSHIP APPLICATION

Please print legibly • Complete both sides of the applica	tion	Ap	oply online at <u>www.</u>	contactderm.org
Personal Information				
Prefix First Name	MI	Last Name		Suffix
Preferred Name		Designation(s) MD, PhD, DO	, etc.	
Contact Information				
Preferred Email		Pref	erred Phone	
Preferred Mailing Address	City	State/Province	Zip/Postal Code	Country
Professional Demographics: Training History				
Medical or Graduate School Institution			Degree	Completion Date
Residency or Postgraduate Training Institution		_	Degree	Completion Date
Other Specialty Training Institution			Degree	Completion Date
Professional Demographics: Board Certification	ns If applicat	ole • Check all that apply		
American Board of Dermatology (ABD)				
Expiration Da Academic Mexicana de Dermatología	te	Sociedad Mexicana de Der	matología	Expiration Date
Expiration Da	te	_	J	Expiration Date
Royal College of Physicians and Surgeons of Cana	da (RCPSC)	Fundada Data		
European Academy of Dermatology and Venereolog	gy (EADV)	Expiration Date		
Expiration Date				
Other specialty board certification Type				Expiration Date
··				Expiration Date
Find a Provider Available to Fellow and Associate members of		` f f		to find modical
The Find a Provider database is a public database produprofessionals who provide patch testing services.	uced by ACDS	s as a reference for patients a	nd referring physicians	to find medical
☐ Include me in the Find a Provider database Fill o	ut the below inforr	nation to show in the database		
I do not want to be included in the Find a Provid	er database			
ctice Name		Practice Phone Number		
Address	City	State/Province	Zip/Postal Code	Country
Types of patch test services offered at this practice:				
ACDS Core 90/NACDG Screen TRUE	Test Basic	Extended Patch Testing	Occupational Work	-Up
Children/Pediatric (< 12 yo) Patch Testing	Drug Patch	Testing Photo Patch Te	esting Other:	

Professional Memberships If applicable • Check all that apply				
Are you a member of American Academy of Dermatology (AAD) ID:				
American Medical Association (AMA)				
Practice Demographics				
Institution/Company Name				
Practice Type: Academic Private Practice Industry Gover	nment/Military Retired			
Section 1: Select Membership Type For complete member category descriptions, vis	it www.contactderm.org/members/join-or-renew			
Fellow Annual Dues: \$365.00 • Application Fee: \$35.00 Benefits include CAMP access and an online and print subscription to the <i>Dermatitis</i> Journal For physicians who reside in North, Central, or South America, and are certified by (i) the American Board of Dermatology, (ii) the Royal College of Physicians and Surgeons of Canada (RCPSC), certified in Dermatology, (iii) the Academia Mexicana de Dermatología, (iv) the Sociedad Mexicana de Dermatología, (v) the European Academy of Dermatology, or the approximate equivalent to the training requirements for certification by the American Board of Dermatology. Fellow physicians (e.g. Occupational Physicians or Allergists) who are in the noted geographic area but are not certified by the cited dermatology organizations may also apply for Fellow membership, provided their application is supported by the endorsement of an ACDS Fellow member in good standing.				
Associate Annual Dues: \$175.00 • Application Fee: \$35.00 Benefits include an online subscription to the <i>Dermatitis</i> Journal For physicians who reside in any country other than North, Central, or South America, and are certified by (i) the American Board of Dermatology, (ii) the Royal College of Physicians and Surgeons of Canada (RCPSC), certified in Dermatology, (iii) the Academia Mexicana de Dermatología, (iv) the Sociedad Mexicana de Dermatología, (v) the European Academy of Dermatology, or the approximate equivalent to the training requirements for certification by the American Board of Dermatology. Fellow physicians (e.g. Occupational Physicians or Allergists) who are in the noted geographic area but are not certified by the cited dermatology organizations may also apply for Associate membership, provided their application is supported by the endorsement of an ACDS Fellow or Associate member in good standing.				
Upgrade: additional \$190.00 Includes CAMP access and a print subscription to the <i>Dermatitis</i> Journal				
Affiliate Annual Dues: \$365.00 • Application Fee: \$35.00 Benefits include CAMP access and an online and print subscription to the <i>Dermatitis</i> Journal For non-physicians with a degree in a scientific discipline or allied health profession, with involvement in dermatology, and who is employed by a medical school, governmental or public organization, pharmaceutical company, cosmetic firm, or by an ACDS Fellow or Associate member.				
Adjunct Annual Dues: \$75.00 • Application Fee: \$15.00 Benefits include CAMP access For nurses, patch test technicians, and patch test coordinators who work under the direct supervision of a Fellow or Associate Member.				
e-Resident Annual Dues: FREE • Application Fee: FREE Benefits include CAMP access and an online subscription to the <i>Dermatitis</i> Journal For residents or fellows currently in good standing in an approved dermatology training program, accredited by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), or the Royal College of Physicians and Surgeons of Canada (RCPSC), and are located in North, Central or South America				
Upgrade: additional \$125.00 Includes a print subscription to the Dermatitis Journal				
Membership Dues: Based on ca	alendar year, January 1 st thru December 31 st			
	Application fee: Section 1 Amount:			
Section 2: Optional Contribution The American Contact Dermatitis Society (ACDS) is registered as a 501(c)(3) non-profit organization. Contributions to the ACDS are tax-deductible to the extent permitted by law. The ACDS tax identification number 36-3741184.				
\$200.00 \$150.00 \$100.00 \$50.00 Other:				
Donation Designation				
General ACDS Donation: to area of greatest need CAMP	Section 2 Amount:			
Payment Information				
Select one: American Express Discover Mastercard Visa NOTE: When using a credit card, consider including the credit card processing fee of 2.3% to help offset	Check Make check payable to ACDS the cost.			
Condition and Number of	Section 1 Amount:			
Credit Card Number Expira	ation Date Section 2 Amount:			
Name as it appears on the card Printed	Credit Card Fee (2.3%):			
	Total Amount Enclosed:			
Cardholder's Signature Required				
Please Return Completed Membership Application and Payment to:				
American Contact Dermatitis Society 555 E Wells Street, Suite 1100	0 Milwaukee, WI 53202			

Phone: (414) 918-9805 | Fax: (414) 276-3349 | Email: <u>info@contactderm.org</u>

ACDS membership dues are **not** deductible as a charitable expense but **may** be deductible as a business expense related to your practice.

NOTE: Use of the name of the American Contact Dermatitis Society and/or the Society logo on business stationary or in any advertisement is prohibited.