

APPLICATION FOR MEMBERSHIP

International Society for Dermatologic & Aesthetic Surgery

ISDS



Please enclose with application:

1. Application Fee (non-refundable) € 20 2. Letters of recommendation 3. Copy of Medical Proof

Payment in EUR must accompany application.

Indicate method of payment below:

- MasterCard Visa American Express

Expiration Date (mm/yy): /

Print card number in spaces below:

Signature: _____

Name: Birthdate:
First/Given Middle Last/Family Month Day Year

Category of Membership – Check one only:

- Fellow Associate Affiliate Resident

Fellow: Any physician who is licensed to practice medicine, currently performs dermatologic surgery and has completed three (3) years of post graduate training in dermatology. Associate: Any licensed physician who has at least one year, but less than three (3) years of post graduate training in dermatology or any licensed physician who has completed a one (1) year dermatologic surgery fellowship. Affiliate: Any individual who has specific experience or interest in dermatologic surgery or related scientific fields of endeavor. Resident: Any physician who is in an accredited dermatology residency or training program.

Address:

City: State/Province: Postal Code:

Country: E-mail Address:

Cell Phone: Fax:
(Include Country/City Codes) (Include Country/City Codes)

It is your responsibility to provide letters of recommendation from two (2) Fellows of the International Society for Dermatologic & Aesthetic Surgery from your country. Contact the ISDS Headquarters if you require a list of the Fellows in your country or if your country does not have two ISDS Fellows.

Letters of recommendation have been requested from:

1) Name: 2) Name:

REVIEW INFORMATION BELOW AND SIGN APPLICATION FORM.

Form will not be accepted without signature and Copy of Medical Proof.

- I understand that, if I am accepted for membership in the Society, payment of annual dues is required, beginning with the current year.
ISDS Dues Fellows, Associates, Affiliates € 200
ISDS Dues Fellows Developing Countries € 100
ISDS Dues Residents € 40
- I hereby waive any and all liability and claims against the ISDS, its officers, directors, and agents for any and all claims arising out of this application and arising out of said party's membership in the ISDS.
- I understand a membership certificate will be issued after a Fellow of the ISDS attends two (2) annual meetings (after acceptance as a Fellow).

Signature: Date:

Send completed application, along with application fee, and copy of Medical Proof to:

International Society for Dermatologic & Aesthetic Surgery
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