



## PERSONAL INFORMATION (PLEASE PRINT)

Name Degree

Title Department

Institution

Address

City State Postal Code Country

Telephone Fax

Email

Gender:  Male  Female Date of Birth (mm/dd/yyyy)

## AFFILIATION

Academia  Industry  Government  Private Practice  Resident  Student  Fellow  Other: \_\_\_\_\_

## MEMBERSHIP LEVELS

- |   |         |
|---|---------|
| <input type="checkbox"/> Active Member  | \$250   |
| <input type="checkbox"/> Resident/Fellow/Post Doc Member  | \$75    |
| <i>Membership in this category is pending receipt of a letter from your department chair or program director verifying your status. Letters must be signed and on official university/institution letterhead.</i> |         |
| <input type="checkbox"/> SID/ESDR Joint Member  | \$125   |
| <i>Open only to full members of the European Society for Dermatological Research. Joint membership is pending verification of a valid ESDR membership.</i>  |         |
| <input type="checkbox"/> Patron Member  | \$500   |
| <input type="checkbox"/> Sustaining Member  | \$500   |
| <i>This level of membership supports SID programs and dues are 100% tax deductible.</i>   |         |
| <input type="checkbox"/> Corporate Member   | \$1,500 |

## PAYMENT INFORMATION

Payment Amount

Pay by Check  
*(Payment by check saves the SID 5% credit card processing fees)*

Check Number: \_\_\_\_\_

Pay by Credit Card

MasterCard  Visa  Amex

Card Number

Expiration Date (mm/yyyy) CVV/CVC

Name on Card

Signature