



2012 Membership Application / Renewal Form

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

Active Member \$250

Resident/Fellow/Post Doc Member \$75
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.

SID/ESDR Joint Member \$125
Open only to full members of the European Society for Dermatological Research. Joint membership is pending verification of a valid ESDR membership.

Patron Member \$500

Sustaining Member \$500
This level of membership supports SID programs and dues are 100% tax deductible.

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 _____