2022 SID New Membership / Membership Renewal Form

Date: ___________________

Personal Information (please print)

Name ________________________________________________

Degree ________________________________________________

Title ________________________________________________

Department ________________________________________________

Institution ________________________________________________

Address ________________________________________________

City ___________________________ State ___________________________ Postal Code ____________ Country ___________________________

Telephone ___________________________ Email ___________________________

Gender:  ❏ Female  ❏ Male

Date of Birth (MM/DD/YYYY) ________________________________________________

Race/Ethnicity:

❏ American Indian or Alaska Native

❏ Asian

❏ Black or African American

❏ Hispanic or Latino

❏ Native Hawaiian or Other Pacific Islander

❏ White

Affiliation: (please check all that apply)

❏ Academic

❏ Government

❏ Industry

❏ Private Practice

❏ Postdoctoral Fellow

❏ Predoctoral Student

❏ Resident

❏ Other

This is a NEW Membership _____     This is a RENEWAL Membership _____

Membership Levels

❏ Resident/ Postdoctoral Member** $75

❏ JID Life Member $95

❏ SID/ESDR Joint Member* $125

❏ Active Member – 1 year $300

❏ Active Member – 2 year $550

❏ Active Member – 3 year $800

❏ Active Member – Auto-renewal *** $300

❏ Patron Member $500

❏ Patron Member – Auto-renewal *** $500

* Membership in the SID/ESDR Joint category is open only to full members of the European Society for Dermatological Research. Joint membership is pending verification of a valid ESDR membership.

** To receive the subsidized Resident/Postdoctoral membership rate, you must mail or fax to the SID a letter from your department chair or program director verifying your status. Letters must be signed and on official university/institution letterhead. Membership will not be processed until all documentation is received.

*** Your future membership renewals will be processed automatically on your renewal date. The SID will charge your annual Membership dues to the credit card provided.

Payment Information

Check Number: ____________

Payment by check saves the SID 5% in processing fees

Pay by Credit Card

MC  ❏ VISA  ❏ AMEX

Card Number ________________________________________________

Expiration ____________ CVV/CVC# ____________

Name on Card (Please Print) ________________________________________________

Billing Address for Card (If different from above) ________________________________________________

By checking this box you agree to receive e-mail correspondence from the SID.  ❏ Yes  ❏ No