

SAN DIEGO DERMATOLOGICAL SOCIETY

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the San Diego Dermatological Society as:

Regular Member Affiliate Member Retired Member

PLEASE TYPE OR PRINT

Name: _____ Social Security #: _____
First Middle Last

Date of Birth: _____ Place of Birth _____ Citizenship: _____

Practice or Institution Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Home Address: _____

Home Telephone: _____ Spouse's Name: _____

SEND MAIL TO: Office Home Other Address:

Medical School: _____ Completion Date: _____
Institution

Street Address City/State

Internship: _____ Dates: _____
Institution

Street Address City/State

Service

Dermatology Residency: _____ Dates: _____
Institution

Street Address City/State

Program Director

Other Postgraduate Training _____ Dates: _____
Institution

Street Address City/State

Type of Training

Certification: American Board of Dermatology : Year: _____ Year Recertified : _____

Other Specialty Board:

Name of Board or Examination

Year: _____

Other Certification

Name of Board

Year: _____

Licensure: California License # _____ Date Issued _____ Date Expires _____

Other State Licenses:

State

Date Issued _____ Date Expires -----

State

Date Issued _____ Date Expires -----

I have asked the following Board certified dermatologists to send letters of endorsement directly to the Society Office:

1. _____
Name & Address

2. _____
Name & Address

By applying for membership to the Society, I hereby signify my willingness to appear for interviews. In regard to my application, I authorize the Society to consult with administrators and members of medical staffs of other hospitals or institutions with which I have been associated and with others who may have information bearing upon my professional competence, character and ethical qualifications. I hereby release from liability all representatives of the Society for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I hereby release any and all individuals and organizations who provide information to the Society in good faith and without malice concerning my professional competence, ethics, character and other qualifications for staff appointment and clinical privileges, and I hereby consent to the release of such information.

I understand and agree that I, as an applicant for membership to the Society, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

Signature of Applicant _____ Date _____

Return completed membership application to:
San Diego Dermatological Society
C/O Sue Krayzel
1215 Madison Avenue
San Diego, CA 92116-1032
Phone: 619-298-6119
Fax: 619-255-5404