

Houston Dermatological Society

John P. McGovern Bldg.
1515 Hermann Drive | Houston, TX 77004
Phone: (713) 524-4267 Fax: (713) 526-1434 Email: admin@houstondermersociety.org

MEMBERSHIP APPLICATION

Member Type: Active Emeritus Associate Resident/ Fellow* Other: _____

Full Name: _____ Degree: _____

Referred by: _____

OFFICE ADDRESS

Office Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

HOME ADDRESS

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Preferred Mailing Address: Office Home

MEDICAL EDUCATION

Undergraduate Training/Degrees: _____ Graduation Date: _____

Medical School: _____ Graduation Date: _____

Residency Program: _____

American Board of Dermatology Certification: _____ Date: _____

If not board certified in Dermatology, when will you become eligible for certification? _____ Date: _____

Practice of Dermatology in Texas: _____ Date: _____

Texas Medical Association member: Yes No Harris County Medical Society member: Yes No

Candidates with the following qualifications may apply for active membership:

1. Completion of a Houston Dermatological Society (HDS) application
2. Certification by the American Board of Dermatology

SIGNATURE

Upon Delivery to the Houston Dermatological Society of the application, a candidate will become a probationary applicant with all privileges of the society except that he or she may not hold office, vote or attend a business meeting. **The application fee is \$175 for one year will be paid with the delivery of the application.** Annual Dues are \$175 per year. At the end of one year from the date of delivery of the application, the candidate may become an active member upon the completion of each of the following:

1. Certification of attendance at a minimum of 50% of the HDS general meetings during the previous year.
2. Approval by the Executive Committee based on the candidate's meeting the above requirements.

Signature of applicant: _____ Today's Date: _____

Remit to: Houston Dermatological Society Administration Office
1515 Hermann Drive | Houston, TX 77004
Fax: (713) 526-1434
Email: Tonja_Money@hcms.org

Annual Regular Membership Dues: \$175.00
*Resident/Fellows are guest of the Society.
Payment is due with your application.

ID #: _____ **Office Use Only:** () Active () Emeritus () Associate: _____ **Vote:** () Accept () Reject **Date:** _____