P.O. Box 4834
Englewood, Colorado 80155
(303) 770-6048
(303) 771-2550 (fax)

Membership Application

(Please print or type) **Date** ______________________________

Name ____

Address **Office** ____

Home ____

Telephone **Office** (   ) ____________________ **Fax** (   ) ____________________

Home (   ) ____________________ **E-mail** ____________________

❑ Active ❑ Retired ❑ Associate ❑ Honorary ❑ Affiliate* ❑ Resident

*Physician employer ____

Date of Board Certification ____________________ **Date of Recertification** ______________
(if applicable)

Active Physician who practices dermatology or dermatopathology in Colorado or Wyoming, and are Diplomats of the American Board of Dermatology or Diplomats of the American Osteopathic Board of Dermatology. May vote and may hold office.

Retired Former Active or Associate member who has retired. May not hold office. Not required to pay dues.

Associate Physicians who practice Dermatology in the states of Colorado or Wyoming, and who have completed a residency in dermatology but have not successfully completed their board examinations. OR Physicians who are former Active members of the Society who practice dermatology in states other than Colorado and Wyoming. They shall have all the rights and privileges of Active members except that they shall not be eligible to hold office. Associate members are required to pay dues.

Honorary Physician who has contributed to Colorado dermatology. Rights and privileges of an Active member but not eligible to vote or hold office. Not required to pay dues.

Affiliate Physicians licensed in Colorado who have an interest in dermatology, and non-physicians—including physician assistants and nurse practitioners—who are employed by Active or Associate members and who have an interest in Colorado dermatology. They shall not have the right to vote or hold office. Affiliate members are required to pay dues.

Resident Resident currently enrolled in a Colorado-based residency program. Not eligible to hold office. Not required to pay dues.

ANNUAL MEMBERSHIP DUES: $250.00 (Does not apply to all.)
Membership year is January 1st through December 31st. Dues are not prorated.

Payment: ❑ Check Payable to: Colorado Dermatologic Society
❑ Visa ❑ MasterCard ❑ Discover

Card Number: ____ Expiration: ____________________

Name on Card: ____

Address Affiliated with Card: ____