

HOUSTON DERMATOLOGICAL SOCIETY

APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____

PREFERRED MAILING ADDRESS: OFFICE HOME

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Undergraduate Training/Degrees: _____ Graduation: _____

Medical School Training/Degrees: _____ Graduation: _____

Dermatological Residency Training: _____

When were you certified/recertified by the American Board of Dermatology? _____

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

Date you began practice of Dermatology in Texas: _____

Are you currently a member of Texas Medical Association? yes no

Are you currently a member of the Harris County Medical Society? 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

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 \$125 for one year will be paid with the delivery of the application. Annual Dues are \$125 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.

SIGNED: _____ DATE: _____

Please remit this application to the Houston Dermatological Society by

Email: Kristelle_Grant@hcms.org; Fax: 713-526-1434

Mail: John P. McGovern Building

1515 Hermann Dr.

Houston, TX. 77004-7126

www.HoustonDermSociety.org