



# Chicago Dermatological Society

10 W. Phillip Rd., Suite 120 ❖ Vernon Hills, IL 60061-1730  
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## Membership Application

Please provide the information requested below and return with the your application fee to:  
*Chicago Dermatological Society, 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061.*  
All applications must be nominated by a current members (see signature box below).

**\*\*\* Please complete BOTH pages of application. \*\*\***

**Application fee: \$150.00** (must accompany application) – see bottom of back page

**PLEASE PRINT**

<b>Applicant's name</b> <i>enter here</i>	_____
<b>Degree(s)</b> - <i>check all that apply</i>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> Other_____
<b>Membership Category</b> (check one)	<input type="checkbox"/> Regular <input type="checkbox"/> Affiliate <input type="checkbox"/> Non-resident <input type="checkbox"/> Corresponding
<b>PRACTICE INFORMATION</b>	
Practice Name	_____
Office Mailing address	_____
City/State/Zip	_____
Office phone	_____
Office fax	_____
<b>HOME INFORMATION</b> <i>(will not be published)</i>	
Street	_____
City/State/Zip	_____
Home phone	_____
<b>Preferred mailing address:</b> <i>(check one)</i>	<input type="checkbox"/> Office <input type="checkbox"/> Home
<b>Preferred Email</b> <i>(very important!)</i>	_____
<b>NOMINATED BY</b> <i>(must be current member)</i>	
<i>Print name of member</i>	<i>Member's signature</i>
_____	_____

*Continued on next page*

*For Office Use Only*

Date received:  
Application fee paid:  
Date approved:



