

# Houston Dermatological Society

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

## MEMBERSHIP APPLICATION

Member Type:  Active  Emeritus  Associate  Resident/ Fellow\*  Other: \_\_\_\_\_

Full Name:

Degree:

## 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 \$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.

Signature of applicant:

Today's  
Date:

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

**Annual Regular Membership Dues: \$125.00**  
\*Resident/Fellows are guest of the Society.

**ID #:** \_\_\_\_\_

**Office Use Only:** ( ) Active ( ) Emeritus ( ) Associate: \_\_\_\_\_

**Vote:** ( ) Accept ( ) Reject **Date:** \_\_\_\_\_