

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:

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: LaCoya_Boone@hcms.org

Annual Regular Membership Dues: \$175.00
*Resident/Fellows are guest of the Society.

ID #: _____

Office Use Only: () Active () Emeritus () Associate: _____

Vote: () Accept () Reject **Date:** _____