# The Florida Society of Dermatology & Dermatologic Surgery

11891 Magnolia Falls Dr. • Jacksonville, FL 32258
904-880-0023Phone • 904-880-0034 Fax

Date _____

Name _____ Degree(s) _____

Date of Birth _____ FL license # _____

Office Address _____

City _____ State _____ Zip _____

Office Phone _____ Office Fax _____

Email _____

**Fax or Mail to:**

FSDDS
11891 Magnolia Falls Dr.
Jacksonville, FL 32258
Fax: 904-880-0034

**Membership:** *(For membership requirements, please refer to the FSDDS bylaws online at www.fsdds.org)*

I am applying for ____Active ____Associate ____Affiliate ____Provisional Resident

AAD Membership Category: _____

Are you certified by The ABD? ☐ YES ☐ NO The ABOD? ☐ YES ☐ NO

If NOT, have you completed an ACGME/AOA approved dermatology residency? ☐ YES ☐ NO

What year will you be eligible for ABD or ABOD certification? _____

**Please complete the following:**

_____
Undergraduate

_____
Graduate/Medical School

_____
Internship/Residency

_____
Fellowship Program

_____
Other Training

**Present Medical School/Hospital Affiliations:**

_____

_____

Have your hospital privileges ever been curtailed or revoked? ☐ YES ☐ NO

Number of years in your current location _____

**Membership Dues**
(Payment is due with the application)

- ☐ **Application Fee..... $50**
- ☐ Active Member..... $325
- ☐ Associate Member ..... $325
- ☐ Affiliate Member ..... $325
- ☐ Special Member ..... $325
- ☐ Provisional Members ..... $0 (Residents)

Method of Payment:
☐ Check ☐ VISA ☐ MC ☐ AMEX

Amount $ _____ Exp. Date _____

Account #_____

Name on Card _____

Signature _____

Security Code_____

**References:** *Please include two (2) members of the FSDDS as references.*
*A membership list is located on www.fsdds.org*

| Name | Phone | Email | Relationship |
|---|---|---|---|
| | | | |
| Name | Phone | Email | Relationship |
| | | | |

I affirm that information submitted is true and correct to the best of my knowledge. I hereby authorize the FSDDS to obtain verification of any of the above listed information.

_____
Signature of Applicant