



California Society of Dermatology & Dermatologic Surgery

Membership Application

Contact & Professional Information: (please edit or complete where necessary)

First Name: _____ Last Name: _____ Suffix: M.D. or D.O.

Practice/Institution Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Mobile/Text Updates: _____

Email Address: _____

It is important for CalDerm to have a unique email address for all members in order to send you regular electronic communications including the weekly CapitolCountdown legislative and regulatory bulletin, CME event information and other time-critical information. Your email address and contact information will not be shared outside CalDerm use. Please print email address legibly.

Membership Qualifications:

Membership in CalDerm shall be limited to individuals who meet the criteria set forth below for one of the three (3) classes of membership listed below (Complete CalDerm Bylaws can be found at www.calderm.org):

I. Active Physician Membership

Physicians who are Board Certified or Board Eligible in Dermatology by the American Board of Dermatology or who have been granted a subspecialty certification in dermatopathology by the American Board of Medical Specialties.

II. Resident or Fellow Membership

Physicians who are currently pursuing training in a recognized dermatology residency or fellowship that is accredited by the Accreditation Council for Graduate Medical Education and is located in the state of California.

III. Retired Physician Membership

Physicians who have retired from the practice of dermatology as a Board Certified or Board Eligible Dermatologist.

I certify that as of this membership year _____ that I am a:

Board Certified Dermatologist Board Eligible Dermatologist Dermatopathologist Resident or Fellow Retired Physician

Select Membership Dues Classification:

Approximately 50% of all dues collected by CalDerm are allocated to lobbying, advocacy and political expenditures. It is this portion of all dues collected that are considered non-deductible.

_____ Active Physician Membership – **\$395** *CalDerm Offers a Discount for Multi-year Membership:*

_____ **\$672 for 2 Years (15% discount)** _____ **\$948 for 3 Years (20% discount)**

_____ Resident or Fellow – **Complimentary**

_____ Emeritus (physicians who are completely retired from practice) – **\$100**

_____ CalDerm PAC Contribution (voluntary) – **a donation of \$295 is suggested and appreciated**

(CalDerm PAC Contributions are not tax deductible)

Required Information for PAC Contribution: Are you Self-employed or an Employee

If Self-employed, please provide the legal name of your business: _____

If Employed, please provide the name of your employer: _____

Pay dues quickly and securely at www.calderm.org or select method of payment below:

_____ Check enclosed for \$ _____ Bill Credit Card (VISA, MC & AMEX Accepted) for \$ _____

Credit Card Number: _____

3 or 4 digit security code: _____ Expiration: _____ / _____

Please keep a copy of this application for your records and remit a copy with payment to:

CalDerm, 813 Harbor Blvd., #286, West Sacramento, CA 95691

Contact by phone at (866) 337-DERM (3376) or via email at membership@calderm.org Visit our web site at www.calderm.org