

APPLICATION FOR MEMBERSHIP  
SOUTH CAROLINA ACADEMY OF DERMATOLOGY AND DERMATOLOGIC SURGERY  
PO BOX 11188, COLUMBIA, SC 29211

PLEASE PRINT OR TYPE

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ DATES: \_\_\_\_\_

MEDICAL SCHOOL: \_\_\_\_\_ DATES: \_\_\_\_\_

INTERNSHIPS: \_\_\_\_\_ DATES: \_\_\_\_\_

DERMATOLOGY RESIDENCY: \_\_\_\_\_  
DATES: \_\_\_\_\_

OTHER RESIDENCIES: \_\_\_\_\_  
DATES: \_\_\_\_\_

AMERICAN ACADEMY OF DERMATOLOGY: (Please Check)

FELLOW \_\_\_\_\_ ASSOCIATE \_\_\_\_\_ BOARD ELIGIBLE \_\_\_\_\_ DATE: \_\_\_\_\_

BOARD CERTIFIED: SPECIALTY(S) AND DATES: \_\_\_\_\_  
\_\_\_\_\_

OTHER PROFESSIONAL ASSOCIATIONS: \_\_\_\_\_  
\_\_\_\_\_

SCIENTIFIC PAPERS PUBLISHED: \_\_\_\_\_  
\_\_\_\_\_

CIVIC CLUBS AND OFFICES: (optional) \_\_\_\_\_

MEMBERS SPONSORING APPLICANT: (Two Required)

1. \_\_\_\_\_ 2. \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_