



The Noah Worcester Dermatological Society

Application for Membership

Name: _____ Birthdate: _____

Home Address: _____ Spouse: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Home Phone: _____

Office Address: _____ Work Phone: _____

City: _____ State: _____ Zip Code: _____

Full Time Dermatologist: Yes No If no, specify reason/specialty:

Present Teaching Appointments (Hospitals, Schools, Clinics, Etc.):

Medical or Scientific Degrees:

_____ Year: _____

_____ Year: _____

_____ Year: _____

Dermatology Training (Hospital, School, Clinic, Etc.)

_____ Year: _____

_____ Year: _____

_____ Year: _____

American Board of Dermatology Certification? (yes or no) _____ Year: _____

Other Specialty Board: _____

Medical Society Memberships (Local, State, International, Etc.):

Publications:

If accepted:

All new members must present, in person, an original paper within three (3) years of Acceptance into the Society and at least every six (6) years thereafter.

To remain in good standing, members are required to attend the Annual Meeting at least once in each consecutive three (3) years and be in attendance for a minimum of three (3) consecutive days.



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Application Sponsored By (Two members of Noah Worcester who will send a written report to the Membership Committee):

1. _____

2. _____

Applicant Signature: _____

All applications must include:

- Letters of Recommendation (two, one from each sponsor)
- Curriculum Vitae
- \$100 Initiation Fee, payable to the Noah Worcester Dermatological Society

Mail To:

Noah Worcester Dermatological Society
8365 Keystone Crossing, Suite 107
Indianapolis, IN 46240

For Membership Committee Use

Disposition by Membership Committee

Date: _____

Remarks: _____

Acceptance Date: _____