




10 W. Phillip Rd., Suite 120 ❖ Vernon Hills, IL 60061-1730
 (847) 680-1666 ❖ Fax: (847) 680-1682
 Email: Rich@RichardPaulAssociates.com ❖ Web: www.illinoisdermsociety.org

Membership Application

Please provide the information requested below and return with your application fee to:
 Illinois Dermatological Society, 10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061.

***** Please complete ALL pages of application. *****

Application fee: \$200.00 applied to first year of dues for Illinois Dermatological Society
PLEASE PRINT

Applicant's name <i>enter here</i> 	_____
Degree(s) - <i>check all that apply</i>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> Other _____
PRACTICE INFORMATION	
Practice Name	_____
Office Mailing address	_____
City/State/Zip	_____
Office phone	_____
Office fax	_____
HOME INFORMATION <i>(will not be published)</i>	
Street	_____
City/State/Zip	_____
Home phone	_____
Cell phone	_____
Preferences: Mailing address: Information delivery:	<input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Regular mail <input type="checkbox"/> Email
Preferred Email <i>(very important!)</i>	_____

Continued on next page

October 2014

<i>For Office Use Only</i>		
Date received	_____	_____
Application fee paid	_____	_____
Executive Committee review	_____	_____
Final approval	_____	_____

BACKGROUND INFORMATION

PLEASE PRINT

Date of birth			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Illinois medical license number			
Board certification & date			
Education (Undergraduate/Graduate) List School(s), Degree(s) and Year(s)			
Medical school & year graduated			
Residency Specialty(s) Location Dates (years)			
Fellowship(s) completed Subspeciality Location Dates			
Academic Appointments School(s) Position(s)			
<p>Note any particular interests you may have . . .</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Legislative <input type="checkbox"/> Political action committee <input type="checkbox"/> Public education <input type="checkbox"/> Other (please list): </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Practice management/coding <input type="checkbox"/> Public service projects </td> </tr> </table>		<input type="checkbox"/> Legislative <input type="checkbox"/> Political action committee <input type="checkbox"/> Public education <input type="checkbox"/> Other (please list):	<input type="checkbox"/> Practice management/coding <input type="checkbox"/> Public service projects
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Please finish by completing the payment information on the next page . . .

