



# Chicago Dermatological Society Illinois Dermatological Society



222.S. Riverside Plaza, Ste. 1870, Chicago IL 60606  
Email: info@chicagoderm.org  
Web: www.ChicagoDerm.org ~ www.IllinoisDermSociety.org

Print

## Membership Application

Please provide the information requested below and return with your application fee to:  
Chicago/Illinois Dermatological Societies, 222.S. Riverside Plaza, Ste. 1870, Chicago IL 60606.

All applications must be nominated by a current members (see signature box below).

**\*\*\* Please complete BOTH pages of application. \*\*\***

**Application fee: \$300.00 (\$200 for recent graduates in their first two years of practice)** applied to first year of dues for Chicago Dermatological Society and Illinois Dermatological Society. Divide in half if joining only the Illinois Dermatological Society. See information sheet for details on member categories and annual dues rates.

PLEASE PRINT

<b>Applicant's name enter here L</b>	_____
<b>Degree(s) - check all that apply</b>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> Other
<b>Membership Category (check one)</b>	<input type="checkbox"/> Regular <input type="checkbox"/> Affiliate <input type="checkbox"/> Non-resident <input type="checkbox"/> Corresponding <input type="checkbox"/> Check here if recent graduate
<b>PRACTICE INFORMATION</b>	
Practice Name	_____
Office Mailing address	_____
City/State/Zip	_____
Office phone	_____
Office fax	_____
<b>HOME INFORMATION (will not be published)</b>	
Street	_____
City/State/Zip	_____
Home phone	_____
<b>Preferences:</b> Mailing address: Information delivery:	<input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Regular mail <input type="checkbox"/> Email
<b>Preferred Email (very important!)</b>	_____
<b>NOMINATED BY (must be current member)</b>	
Print name of member	Member's signature
_____	_____

\_\_\_ Check here if joining IDS only

September 2022

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## BACKGROUND INFORMATION

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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)	
If not practicing dermatology and your application is for other than "Regular" member, describe activities and duration related to dermatology:	

Please finish by completing the payment information on the next page . . .

# Payment Information

Applicant's name: \_\_\_\_\_

Joining:  CDS & IDS     IDS only

Amount enclosed: \$ \_\_\_\_\_

Form of Payment:  Check (payable to "Chicago Dermatological Society" if joining both societies)

Check (payable to "Illinois Dermatological Society" if joining only IDS)

Visa     MasterCard     Discover     American Express

Credit Card #  Exp. Date  /   
Security Code (3 or 4 digits)

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

Signature \_\_\_\_\_

Send application along with application fee check or credit card information to:

CDS/IDS Administrative Office  
222.S. Riverside Plaza, Ste. 1870  
Chicago IL 60606  
Email: [info@chicagoderm.org](mailto:info@chicagoderm.org)