



# The Florida Society of Dermatology & Dermatologic Surgery

11891 Magnolia Falls Dr. • Jacksonville, FL 32258  
904-880-0023 Phone • 904-880-0034 Fax

Date \_\_\_\_\_  
Name \_\_\_\_\_ Degree(s) \_\_\_\_\_  
Date of Birth \_\_\_\_\_  Male  Female FL license # \_\_\_\_\_  
Office Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Fax or Mail to:**  
FSDDS  
11891 Magnolia Falls Dr.  
Jacksonville, FL 32258  
Fax: 904-880-0034

**Membership:** (For membership requirements, please refer to the FSDDS bylaws online at [www.fsdds.org](http://www.fsdds.org))

I am applying for \_\_\_Active \_\_\_Associate \_\_\_Special Member \_\_\_Provisional Resident

Are you certified by the ABD?  YES  NO The AOBD?  YES  NO

If NOT, have you completed an ACGME/AOA approved dermatology residency?  YES  NO

What year will you be eligible for ABD or AOBD certification? \_\_\_\_\_

**Please complete the following:**

\_\_\_\_\_  
Undergraduate  
\_\_\_\_\_  
Graduate/Medical School  
\_\_\_\_\_  
Internship/Residency  
\_\_\_\_\_  
Fellowship Program  
\_\_\_\_\_  
Other Training

**Present Medical School/Hospital Affiliations:**

\_\_\_\_\_  
\_\_\_\_\_

Have your hospital privileges ever been curtailed or revoked?  YES  NO

Number of years in your current location \_\_\_\_\_

Is your practice  Medical  Surgery  Cosmetic  Other

I affirm that information submitted is true and correct to the best of my knowledge.  
I hereby authorize the FSDDS to obtain verification of any of the above listed information.

**Membership Dues**  
(Payment is due with the application)

Membership Dues ..... \$325

*Optional Donation*

PAC ..... \$250  
 National Skin Education Foundation ... \$100

Method of Payment:  
 Check  VISA  MC  AMEX  
Amount \$ \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Account # \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Signature \_\_\_\_\_  
Security Code \_\_\_\_\_  
Email for receipt \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_