



2021 MEMBERSHIP APPLICATION *
International Society of Dermatopathology (ISDP)

* Or preferred method - apply and submit payment online at <http://www.intsocdermpath.org>

(1) Name: _____

Mailing Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Date of Birth: _____

Website: _____

(2) Type of Membership (check one)	
<input type="checkbox"/> Regular Member US \$300.00*	<input type="checkbox"/> Resident/Fellow Member US \$105.00 <small>By approval of the ISDP Membership Committee; requires letter of verification from program director; receives online subscription to the AJDP only</small>
<input type="checkbox"/> Senior Member US \$240.00* <small>Active members, older than 65, who are <u>retired</u> from practice</small>	<input type="checkbox"/> Sponsoring Member US \$350.00* <small>Assists in sponsoring members from developing countries who cannot afford membership dues</small>
<input type="checkbox"/> Associate Member US \$105.00* <small>Physicians from "developing countries" (low, lower-middle income as defined by the World Bank; and by approval of ISDP Membership Committee)</small>	<input type="checkbox"/> Patron Member US \$800.00* <small>(\$500 may be deductible as contribution); assists with travel costs to ISDP educational programs in dermatopathology for physicians from developing countries</small>
<u>*Includes both hard copy and online subscription to The American Journal of Dermatopathology</u>	

(3) Payment Method (check one)			
<u>APPLICATION AND PAYMENT ACCEPTED BY MAIL WITH FOLLOWING INFO:</u>			
CHARGE TO: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
(Enter credit card number)	(Expiration date)	(CVV CODE)	
_____ <small>(Name of cardholder - please print)</small>			
_____ <small>(Billing Address, if different from mailing address) Street Address/PO Box Number</small>			
City	State	Zip Code	Country
_____ Signature:			
Mail completed application form & check payable to ISDP to: International Society of Dermatopathology PO Box 2444 Fredericksburg, TX 78624, USA		Questions? Contact info: Email: ISDPmanager@gmail.com Phone: 650-729-1234	

(4) How did you learn about the ISDP (i.e., website, colleague, meeting, AJDP, other)?

Please note: MEMBERSHIP IS ANNUAL, SUBJECT TO RENEWAL EACH CALENDAR YEAR