2018 MEMBERSHIP APPLICATION *
International Society of Dermatopathology (ISDP)

* Or preferred method - apply and submit payment online at 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)

☐ Regular Member US $285.00*  ☐ Resident/Fellow Member US $105.00
By approval of the ISDP Membership Committee; requires letter of verification from program director; receives online subscription to the AJDP only

☐ Senior Member US $240.00*  ☐ Sponsoring Member US $335.00*
Active members, older than 65, who are retired from practice
Assists in sponsoring members from developing countries who cannot afford membership dues

☐ Associate Member US $105.00*  ☐ Patron Member US $785.00*
Physicians from “developing countries” (low, lower-middle as defined by the World Bank; by approval of ISDP Membership Committee)
($500 may be deductible as contribution); assists with travel costs to ISDP educational programs in dermatopathology for physicians from developing countries.

*Includes both hard copy and online subscription to The American Journal of Dermatopathology

(3) Payment Method (check one)

APPLICATION AND PAYMENT ACCEPTED BY MAIL WITH FOLLOWING INFO:

CHARGE TO: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

(Enter credit card number) / (Enter expiration date) (CVV CODE)

(Name of cardholder; please print.)

(Billing Address, if different from mailing address) Street Address/PO Box Number

City State Zip Code Country

Signature: __________________________________________

OR: Mail completed application form along with a check payable to ISDP to:

International Society of Dermatopathology
PO Box 3005
Half Moon Bay, CA 94019-3005 USA
Questions?: Phone: 650-729-1234 ● Email: intsocdp@gmail.com

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

NOTE: MEMBERSHIP IS ANNUAL, SUBJECT TO RENEWAL EACH CALENDAR YEAR