2019 MEMBERSHIP APPLICATION
International Society of Dermatopathology (ISDP)

*Or preferred method - apply and submit payment online at www.intsocdermpath.org

(1.) Name & degree: ________________________________________________________________

Mailing Address: __________________________________________________________________

City: __________________________________ State: ________________________________

Postal Code: __________________________ Country: _________________________________

Phone: __________________________ Fax: __________________________

Email: __________________________ Date of Birth: __________________________

Website: ________________________________________________________________

(2.) Type of Membership (check one)

☐ Regular Member US $300.00*

☐ 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*
Active members, older than 65, who are retired from practice

☐ Sponsoring Member US $350.00*
Assists in sponsoring members from developing countries who cannot afford membership dues

☐ Associate Member US $105.00*
Physicians from “developing countries” (low, lower-middle as defined by the World Bank; by approval of ISDP Membership Committee)

☐ Patron Member US $800.00*
($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. APPLICATION AND PAYMENT ACCEPTED BY MAIL WITH FOLLOWING INFO:

Payment Method (check one)

☐ 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 (on US bank only), 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, Am J of Dermatopathology, other)?

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