



# 2011 New Member Application

**Application Procedures:** Applicants for membership to the American Acne and Rosacea Society (AARS) must have current membership in good standing of the (i) American Board of Dermatology, (ii) the American Osteopathic College of Dermatology or (iii) their equivalent. Proof of said membership must be submitted with the application. If no proof of membership of above said organizations is provided, the application must be endorsed by one (1) Fellow member of the Society or by his/her Program Chair or Director. **Upon submission, all applications will be granted temporary membership. Within 30 days, applications will be reviewed and voted on by the AARS Membership Committee. Annual membership dues must be submitted with the application.** (Dues will be refunded if a membership application is denied.)

Name: \_\_\_\_\_ Professional Designation (MD, DO, RN, PA, PhD): \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_ **Fellow Annual Dues: \$150.00**  
Eligible to any physician who is a resident of the United States and who is certified by (i) the American Board of Dermatology or (ii) the American Osteopathic College of Dermatology or who has training approximately equivalent to the requirements for certification by the American Board of Dermatology.

\_\_\_\_\_ **Associate Annual Dues: \$100.00**  
Eligible to any U.S. or non U.S. physician involved in dermatology either through clinical practice, teaching, research, or industry.

\_\_\_\_\_ **Affiliate Annual Dues: \$100.00**  
Eligible to any non-physician with a degree in a scientific discipline or allied health profession with involvement in dermatology that is employed by either a medical school, governmental or public organization, pharmaceutical company, cosmetic firm or by a physician Fellow or Associate of AARS.

\_\_\_\_\_ **Resident Annual Dues: \$50.00**  
Eligible to any dermatology resident in good standing in training at any approved training center. Applications must be submitted with a letter of recommendation from your Program Chair or Director.

### Certification and Endorsement (1 required):

- American Board of Dermatology \_\_\_/\_\_\_/\_\_\_ AAD Member ID #: \_\_\_\_\_
- American Osteopathic College of Dermatology \_\_\_/\_\_\_/\_\_\_ AOCD Member ID #: \_\_\_\_\_
- Equivalent Board (other countries) \_\_\_/\_\_\_/\_\_\_ (please specify) \_\_\_\_\_
- Letter of endorsement from an AARS Fellow or Associate OR, if a Resident applicant, your Program Training Chair or Director

### Education:

Undergraduate: \_\_\_\_\_ Degree, Year: \_\_\_\_\_

Medical or Graduate School: \_\_\_\_\_ Degree, Year: \_\_\_\_\_

Residency (Post-graduate training): \_\_\_\_\_ Degree, Year: \_\_\_\_\_

Other Specialty Training: \_\_\_\_\_

**Payment:** Please complete the payment information below or mail payment with application to:

### American Acne and Rosacea Society

201 Claremont Ave Telephone: (973) 783-4575 E-mail: info@aarsmember.org  
Montclair, NJ 07042 Fax: (973) 783-4576 www.acneandrosacea.org

**Payment Information** (Please check one)  Check  VISA  MasterCard  American Express

**Annual Membership Dues: \$** \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note:** Contributions to AARS are not deductible as charitable contributions on your federal income tax return. They may be deductible as a business expense if ordinary and necessary in the conduct of your business. Use of the name of the American Acne and Rosacea Society and/or the Society logo on business stationery or in any advertisement is prohibited. Temporary membership includes all rights of membership except the right to vote, hold office and committee appointments, or to attend the business portion of the annual meeting.