



# Application for Membership in the Wisconsin Dermatological Society

Membership as a **regular member** in the WDS is available to BE/BC dermatologists or dermatopathologists. Regular members are eligible to vote, hold office, and attend all business meetings.

Membership as an **affiliate member** is available to nurse practitioners and physician assistants who are currently working for a dermatologist who is a regular member of the WDS. Affiliate members are not eligible to vote, hold office, or attend business meetings.

## Application for membership requires:

1. Submission of completed application.
2. Submission of curriculum vitae.
3. Dues payment. Currently dues are \$200 per year. An exception is made for applicants in their first three years of practice. For the first three years, dues are \$100 and then \$200 per year thereafter.

These items must be sent electronically or in hard copy to the Administrator of the WDS (who will forward the application to the President for review by the Board of Directors) at least 1 month prior to the next business meeting.

In accordance with our Bylaws, members shall be elected by a majority vote of the members with voting rights (the "Voting Members") that are in attendance at a meeting at which a quorum is present. We hold our meetings each spring and fall. Applicants for membership will be informed of the outcome within 2 weeks of the date of the meeting.

## Submitting an Application

- Initial applications can be completed online at [www.widermsociety.org](http://www.widermsociety.org) or sent via mail.
- CV and professional history may be submitted via email, fax, or mail.
- Dues payment must be sent via check. We do not currently accept credit cards.

## WDS Contact Information

Dana Kader Robb  
WDS Administrator  
3322 N. 92<sup>nd</sup> St.  
Milwaukee, WI 53222

ph: 414-750-4404  
fax: 414-255-3615  
[widermsociety@gmail.com](mailto:widermsociety@gmail.com)



# Membership Application

Date \_\_\_\_\_

Name \_\_\_\_\_

*The following items can be completed online or on paper. If you've already applied online, there's no need to repeat the information here.*

Practice/Firm/Organization \_\_\_\_\_

Office Address \_\_\_\_\_

## Phone Numbers

Office \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

Check here if you *do not* want your office phone number made available to the public

Public Email Address \_\_\_\_\_

Private Email Address, *if different* \_\_\_\_\_

Regular Member Application (BE/BC dermatologist or dermatopathologist)

Check here if this is your first year in practice and you are eligible for special dues pricing

Affiliate Member Application (nurse practitioner or physician assistant)

*The following professional history information should be completed by all applicants and submitted along with your CV.*

## EDUCATION: School/Degree/Years of Attendance

College \_\_\_\_\_

Medical School \_\_\_\_\_

Graduate School \_\_\_\_\_

Internship \_\_\_\_\_

Residency \_\_\_\_\_

Post-Graduate/Fellowship \_\_\_\_\_

## MEDICAL LICENSURE

State/Number/Expiration Date \_\_\_\_\_

**Subspecialties**     Cosmetic Dermatology     Dermatopathology     General Dermatology  
                          Mohs Surgery     Occupational Dermatology     Pediatric Dermatology

**Specialty Board Certification:** Date of Eligibility \_\_\_\_\_

**Membership in Local and National Medical Societies** \_\_\_\_\_

**Teaching or Research Positions** \_\_\_\_\_

Present position \_\_\_\_\_

Publications and papers presented (Please send with CV)

**Dermatology/Specialty Areas of Interest** \_\_\_\_\_

### *Affiliate Member applicants only:*

Name of supervising dermatologist \_\_\_\_\_

### *Regular Member applicants only:*

Sponsor's Name \_\_\_\_\_

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