

Membership Application

Contact & Professional Information: (please edit or complete where necessary)

First Name: _____ Last Name: _____ Suffix: M.D. or D.O

Practice/Institution Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Mobile/Text Updates: _____

Email Address: _____

It is important for CalDerm to have a unique email address for all members in order to send you regular electronic communications including the weekly CapitolCountdown legislative and regulatory bulletin, CME event information and other time-critical information. Your email address and contact information will not be shared outside CalDerm use. Please print email address legibly.

Membership Qualifications and Dues Classification:

Approximately 50% of all dues collected by CalDerm are allocated to lobbying, advocacy and political expenditures. It is this portion of all dues collected that are considered non-deductible.

I. Active Physician Membership -- \$395 CalDerm Offers a Discount for Multi-year Membership: \$672 for 2 Years (15% discount) \$948 for 3 Years (20% discount)

Physicians who are Board Certified or Board Eligible in Dermatology by the American Board of Dermatology or who have been granted a subspecialty certification in dermatopathology by the American Board of Medical Specialties.

II. Resident or Fellow Membership – Complimentary

Physicians who are currently pursuing training in a recognized dermatology residency or fellowship that is accredited by the Accreditation Council for Graduate Medical Education

III. Retired Physician Membership (Emeritus) - \$100

Physicians who have retired from the practice of dermatology as a Board Certified or Board Eligible Dermatologist.

I certify that as of this membership year _____ that I am a:

Board Certified Dermatologist Board Eligible Dermatologist Dermatopathologist Resident or Fellow Retired Physician

CalDerm PAC Contribution (voluntary)

\$_____ A donation of \$295 is suggested and appreciated. CalDerm PAC Contributions are not tax deductible.

Required Information for PAC Contribution: Are you Self-employed or an Employee

If Self-employed, please provide the legal name of your business: _____

If Employed, please provide the name of your employer: _____

CalDerm Annual Mentor/Mentee Program

New in 2022, CalDerm members are invited to participate in our Mentor/Mentee program. This is an opportunity to pair mentors and mentees based on practice and geography. Let us know if you are interested below.

___ Mentor (15+ Years of Practice) ___ Mentor (Resident to 14 Years of Practice) ___ I want to learn more ___ I am not interested

Pay dues quickly and securely at www.calderm.org or select method of payment below:

_____ Check enclosed for \$_____ Bill Credit Card (VISA, MC & AMEX Accepted) for \$_____

Credit Card Number: _____

3 or 4 digit security code: _____ Expiration: _____/_____/_____

Please keep a copy of this application for your records and remit a copy with payment to:

CalDerm, 575 Market Street, Ste 400, San Francisco, CA 94105

Contact by phone at (866) 337-DERM (3376) or via email at membership@calderm.org Visit our web site at www.calderm.org