***Date\_\_\_\_\_\_\_\_\_***

NEDS Administrator

New England Dermatological Society

PO Box 549127

Waltham, MA 02454-9127

neds@mms.org

781-464-4896 Fax

Dear Administrator:

I would like to recommend *(name/suffix)* for membership in the New England Dermatological Society. As a well-trained and competent dermatologist, s/he would be an asset to our society.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

***Printed Name of NEDS Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Please return completed endorsement to the NEDS Office at:

NEDS Administrator

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