

NEW ENGLAND DERMATOLOGICAL SOCIETY

Secretary

Jennifer Huang, MD

Tax ID 04-6123550

Dear Colleague:

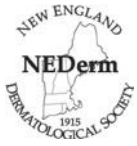
Thank you for your interest in becoming a member of the New England Dermatological Society (NEDS). To begin the application process, please submit an application which is available as a hard copy (attached) or on our website www.nederm.org, along with a \$225 application fee that will cover your dues for the first year of membership. To complete your application, you will also need to submit a letter of reference from Active NEDS member (template attached).

The New England Dermatological Society offers a 50% discount on the first year's membership dues for any person who applies within one year of completing residency or fellowship training. The Society also offers a \$50 rebate on membership dues to any member who refers a new member to the Society.

Your application will be reviewed at the next scheduled council meeting when all necessary information is received.

If you should have any questions please feel free to contact our Administrator by telephone at (781) 434-7731 or e-mail at neds@mms.org.

Jennifer Huang, MD
Secretary, New England Dermatological Society



NEDS Membership Application

Full Name: _____

Referred by: _____

Home Address: _____ Office Address: _____

Office Phone: _____

Office Fax: _____

Email address: _____

Date of Birth: __ / __ / __

Place of Birth: __ / __ / __

Citizen of U.S.A.? _____ If no, citizen of _____

How long have you practiced at the present address? _____

I hereby apply for the following membership category (check one):

- Active Board certified by the American Board of Dermatology
- Associate Completed 3 years of training in dermatology but not board certified
- Affiliate Non-dermatologists with dermatology related specialty (i.e. researcher, pathology-trained dermatopathologist)
- Adjunct Nurse practitioners and physician assistants who work under the supervision of an active member

If applying for Active membership, year when board-certified in dermatology: _____

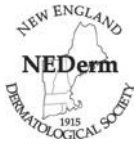
Please list other board-certifications:

Year: _____

Year: _____

Year: _____

Year: _____



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If applying for Adjunct membership, please fill out this section:

Check one: Nurse Practitioner: _____ Physician Assistant: _____

Please name your supervising Dermatologist: _____

Length of time working with the above Dermatologist: _____

What portion of your practice is devoted to seeing dermatology patients? _____%

If not 100%, how is your other time spent?

Training and Education (complete all that apply) OR Attach your CV

1. Undergraduate:

Degree: _____ Year completed: _____

School: _____

Location: _____

2. Graduate:

Degree: _____ Year completed: _____

School: _____

Location: _____

3. Additional Graduate:

Degree: _____

School: _____

Location: _____

4. Internship and Residency:

Specialty: _____ Year completed: _____

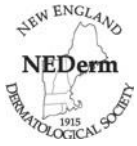
Location: _____

Specialty: _____ Year completed: _____

Location: _____

Specialty: _____ Year completed: _____

Location: _____



5. Fellowship training:

Specialty: _____ **Year completed:** _____

Location: _____

Specialty: _____ **Year completed:** _____

Location: _____

Present hospital positions held (**do not list courtesy affiliations**):

Present teaching positions held:

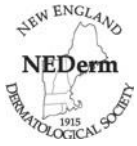
Medical Society memberships:

Areas of interest / expertise:

Publications:

List one Active member who will send letters of endorsement on your behalf:

1. _____



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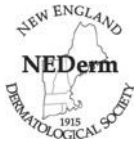
Please return your application, payment and letter of endorsement to the following address:

NEDS Administrator
New England Dermatological Society
P.O. Box 549127
Waltham, MA 02454-9127
neds@mms.org
781-464-4896 Fax

Application Fee: The \$225 application fee is applied toward your first year of membership dues. If not paying by credit card, please forward a check payable to “New England Dermatological Society” to the address above.

Signature: _____

Date: _____



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TO: 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 _____ for membership in the New
Name & Suffix
England Dermatological Society. As a well-trained and competent dermatologist (*or substitute
with one of the following as needed: dermatologist, researcher, pathology-trained
dermatopathologist, nurse practitioner or physician assistant*) s/he would be an asset to our society.

Sincerely,

Signature

Printed Name