

TO: NEDS Administrator
New England Dermatological Society
860 Winter Street
Waltham, MA 02451
neds@mms.org
781-464-4896 Fax

Dear NEDS Administrator:

I would like to recommend (insert name and degree/s): _____ for
membership in the New England Dermatological Society.

As a well-trained and competent (select 1 option below), they would be an asset to our Society.

Dermatologist:

Researcher:

Pathology-Trained Dermatopathologist:

Nurse Practitioner:

Physician Assistant:

Other (Please enter details): _____

Sincerely,

Printed NEDS Member Name: _____

Date: _____