



# 2020 SID New Membership / Membership Renewal Form

Date: \_\_\_\_\_

## Personal Information (please print)

Name \_\_\_\_\_ Degree \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Gender:  Female  Male

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

### Race/Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

### Affiliation: (please check all that apply)

- Academic
- Government
- Industry
- Private Practice
- Postdoctoral Fellow
- Predoctoral Student
- Resident
- Other

This is a NEW Membership \_\_\_\_\_ This is a RENEWAL Membership \_\_\_\_\_

### Membership Levels

- Resident/ Postdoctoral Member\*\* \$75
- JID Life Member \$95
- SID/ESDR Joint Member\* \$125
- Active Member \$300
- Patron Member \$500
- Sustaining Member \$500
- Corporate Sustaining Member\*\*\* \$1500

\* Membership in the SID/ESDR Joint category is open only to full members of the European Society for Dermatological Research. Joint membership is pending verification of a valid ESDR membership.

\*\* To receive the subsidized Resident/Postdoctoral membership rate, you must mail or fax to the SID a letter from your department chair or program director verifying your status. Letters must be signed and on official university/institution letterhead. Membership will not be processed until all documentation is received.

\*\*\* This level of membership supports SID programs and dues are 100% tax deductible.

### Payment Information

**Pay by Check** *payment by check saves the SID 5% in processing fees*

Check Number: \_\_\_\_\_

**Pay by Credit Card**

MC  VISA  AMEX

Card Number \_\_\_\_\_

Expiration \_\_\_\_\_

CVV/CVC# \_\_\_\_\_

Name on Card (Please Print) \_\_\_\_\_

Billing Address for Card (If different from above)

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

**By checking this box you agree to receive e-mail correspondence from the SID.**  Yes  No

### Society for Investigative Dermatology

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