2020 SID New Membership / Membership Renewal Form

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 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

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