



2019 Active to Patron Membership Upgrade Renewal Form

Date: _____

Personal Information (please print)

Salutation: Dr. Mr. Mrs. Ms. Miss Other __

Name _____ Degree _____

Title _____ Department _____

Institution _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Telephone _____ Fax _____

Email _____

Gender: Female Male

Date of Birth (MM/DD/YYYY) _____

Membership Upgrade Level

Patron Member _____ \$500

*When you upgrade from Active to Patron \$200 of your membership fee is tax deductible.

Method of Payment

Pay by Check

Payment by check saves the SID 5% credit card 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)

Processing of Your Payment (choose one)

1. *Separate Transactions

\$300 Active Dues

\$200 Upgrade to Patron Membership (tax-deductible portion)

_____ Yes, please send me a letter acknowledging the \$200 tax deductible portion of my membership fee.

OR

2. One transaction

\$500 (\$200 tax-deductible)

_____ Yes, please send me a letter acknowledging the \$200 tax deductible portion of my membership fee.

*The SID understands that some members may require separate transactions to qualify for reimbursement from their institution.

Society for Investigative Dermatology
526 Superior Avenue E, Suite 340
Cleveland, Ohio 44114
P: 216.579.9300 / F : 216.579.9333
www.sidnet.org / sid@sidnet.org