



2019 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
- 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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Cleveland, Ohio 44114

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