

WASHINGTON STATE DERMATOLOGY ASSOCIATION
APPLICATION FOR MEMBERSHIP

■ CONTACT INFORMATION

Name _____ Title _____

Practice Name _____

Practice Address _____

City/State/Zip _____

Practice Phone _____ Email _____ Website _____

Practice Manager Name _____

Home Address _____

City/State/Zip _____

Home Phone _____ Email _____

Preferred Address for WSDA correspondence: Home Work

■ EDUCATION AND CERTIFICATION

Medical School _____ Institution, location _____ Years Attended _____

Residency _____ Institution, location _____ Years Attended _____

Fellowship _____ Institution, location _____ Years Attended _____

Board Certification: _____ Board Eligible: Yes No

■ SUBSPECIALTIES (for Membership Directory)

COSMETIC PROCEDURES

- Chemical peels (Glycolic, Other)
- Microdermabrasion
- Dermabrasion
- Sclerotherapy
- Botox
- Injectable Fillers
- Sculpting Agents
- Minimal Incision Face Lift
- Blepharoplasty
- Smart Lipo Laser Lipolysis
- Tumescant Liposuction

LASERS/LIGHT THERAPY

- NB-UVB PUVA
- Excimer laser
- Laser resurfacing
- Pigmented lesion laser
- Pulsed-dye laser/other vascular laser
- Fraxel laser
- Thermage
- Intense pulse light
- Laser tattoo removal
- Laser hair removal
- Phototherapy for acne
- Photodynamic therapy

SURGERY

- Mohs micrographic surgery
- Non-Mohs skin cancer surgery
- Cryosurgery
- Nail surgery

**GENERAL DERMATOLOGY AND
ADDITIONAL INTERESTS/PROCEDURES**

- Adult
- Pediatric
- Dermatopathology
- Nail disease
- Hair disorders
- Patch Testing
- Biologics
- Infusion of Remicacide
- Isotretinoin
- Psychodermatology

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Is your practice open to new general dermatology patients? Yes No

Is your practice open to new cosmetic patients? Yes No

■ **MEMBER CATEGORIES**

- **Active Member:** A physician who is licensed to practice medicine has completed formal residency training in dermatology and who has been certified or is eligible to be certified by the American Board of Dermatology.
- **Affiliate Member:** Other licensed health care providers who have additional training in the practice of dermatology. Affiliate members are ineligible to vote or hold office.
- **Junior Member:** A physician who is licensed to practice medicine, and is engaged in a dermatology residency training program, or who has satisfactorily completed such a training program and is engaged in a dermatology fellowship training program. Junior members are ineligible to vote or hold office.
- **Emeritus Members:** A previous active members who has continued membership in the association for a minimum of 10 years and who has reached the age of 70. Emeritus members are ineligible to vote or hold office.

■ **DUES STRUCTURE: One-Year Membership** (January 1 – December 20)

- | | |
|---|--------------|
| <input type="checkbox"/> Active Member | \$150 |
| <input type="checkbox"/> Affiliate Member | \$75 |
| <input type="checkbox"/> Junior Member | None |
| <input type="checkbox"/> Emeritus Member | None |

■ **PAYMENT**

- Check enclosed (made payable to **WSDA**)
- Charge my Credit Card: Visa MasterCard

Credit Card # _____ Expiration Date _____

Name on Card (please print) _____ Signature _____

Street Address of Card _____ Zip Code _____

MAIL TO: 2033 Sixth Avenue, Suite 1100 • Seattle, WA 98121

FAX TO: 206-441-5863 (if paying by credit card)

EMAIL: smc@wsma.org

QUESTIONS: 206-441-9762