

**WASHINGTON STATE DERMATOLOGY ASSOCIATION | APPLICATION FOR MEMBERSHIP**

**CONTACT INFORMATION:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Practice Name \_\_\_\_\_

Practice Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

E-Mail \_\_\_\_\_

Practice Manager Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred Address for WSDA Correspondence:  Home  Work

**EDUCATION: (School Name/Location & Years Attended)**

Medical School: \_\_\_\_\_

Residency: \_\_\_\_\_

Fellowship: \_\_\_\_\_

Board Certification: \_\_\_\_\_ Board Eligible:  Yes  No

**SUBSPECIALTIES (For Membership Directory) Please circle all that apply.**

**Cosmetic Procedures**

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

- Fraxel laser
- Thermage
- Intense pulse light
- Laser tattoo removal
- Laser hair removal
- Phototherapy for acne
- Photodynamic therapy

**Lasers/Light Therapy**

- NB-UVB PUVA
- Excimer laser
- Laser resurfacing
- Pigmented lesion laser
- Pulsed-dye laser/other vascular laser

**Surgery**

- MOH's micrographic surgery
- Non-Moh's skin cancer surgery
- Cryosurgery
- Nail surgery

**General Dermatology and Additional Interests/Procedures**

Adult  
Pediatric  
Dermatopathology  
Nail disease

Hair disorders  
Patch Testing  
Biologics  
Infusion of Remicaide  
Isotretinoin  
Psychodermatology

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

Is your practice open to new cosmetic patients?

Yes No

**MEMBERSHIP 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 satisfactory completed such a training program and in 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 30)

<input type="checkbox"/> Active \$150.00	<input type="checkbox"/> Affiliate \$75.00	<input type="checkbox"/> Junior None	<input type="checkbox"/> Emeritus None
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**PAYMENT:**

- Check enclosed (U.S. Funds)
- Charge my Credit Card (Visa or MasterCard)

**Name on card:** \_\_\_\_\_

**Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

Street Address of Card \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please return completed application along with payment to:**

**WSDA**  
2001 Sixth Avenue, Suite 2700  
Seattle, WA 98121

**Fax: (206) 441-5863**  
**Email: lisa@wsma.org**  
**Questions: (206) 956-3635**