

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 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 30)

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

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