



GEORGIA SOCIETY OF DERMATOLOGY AND DERMATOLOGIC SURGERY

6134 Poplar Bluff Circle · Suite 101 · Peachtree Corners, Georgia 30092
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MEMBERSHIP APPLICATION

WWW.GADER.MORG

This completed application, CV and Dues Payment (\$200) are required. Applicants are provisional members.

Applicants will be voted into full membership at the Annual Meeting in June.

Name: _____ Credentials: _____

E-Mail: _____

Practice Name/Organization: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Practice Administrator: _____

Practice Administrator Email: _____

License #: _____ NPI: _____

Are you in a private practice? Yes No

Provide two references (one, preferably, a current GSDDS member):

1) Name: _____

Phone: _____ E-mail: _____

2) Name: _____

Phone: _____ E-mail: _____

*****\$200 APPLICATION FEE*****

Select Membership Category: Regular _____ Associate _____ Affiliate _____

CHECK (Payable to the **GSDDS**) AMEX VISA MASTERCARD

Card #: _____ Exp: _____

Name on card: _____ CVV: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature of applicant: _____

EMAIL this form with payment via CC
to caroline@theassociationcompany.com or FAX to: **305-422-3327**.
Checks can be mailed to the address above.

Contact Caroline Burruss with questions at caroline@theassociationcompany.com.