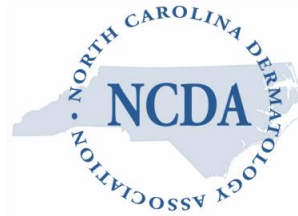


Application for Membership

Complete this form or join online at www.ncderm.org



PO Box 27167
Raleigh, NC 27611
Tel (919) 833-3836
Fax (919) 833-2023
ncderm@ncmedsoc.org
www.ncderm.org

Section I

Full Name: _____ Credentials: MD, DO, _____

Male Female Date of Birth: _____ Married? Yes Spouse's Name _____

Email: _____ Cell Phone: _____

Practice Name: _____ Fax Number: _____

Business Address (preferred mailing address? Yes): _____ City, State, Zip: _____ Business Telephone: _____

Home Address (preferred mailing address? Yes): _____ City, State, Zip: _____ Home Telephone: _____

Section II

Medical School: _____ Year of Completion: _____

Residency Program: _____ Year of Completion: _____

Fellowship Program: _____ Year of Completion: _____

North Carolina Medical License Number: _____

Is your practice limited to dermatology? Yes No If no, additional practice area(s): _____

Section III

*Application for **Associate** membership requires recommendation by one Active NCDA member.

Sponsor's Name: _____ Address: _____

Section IV

Membership Type: \$175 Active Member (MD, DO) \$0 Resident or Fellow-in-Training Member
 \$175 Associate Member (PA, NP)* \$0 Emeritus Member (retired from active clinical practice)

Payment Options: Check payable to NCDA MasterCard Visa AMEX

Card number: _____ Exp. Date: _____ CVV: _____

Applicant's Signature _____ Date: _____

Complete and return this form by mail or fax to:

NCDA, PO Box 27167, Raleigh, NC 27611 | Fax: 919-833-2023

Federal Law requires us to notify members that 100% of the 2019 NCDA dues amount paid by members is not deductible in accordance with IRC section 6033 regarding professional dues. For your records, 100% of dues was not deductible in 2018. Dues to NCDA are not deductible as charitable contributions for Federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code.