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