



Texas Dermatological Society Resident Elevation Membership Application

- I have completed my residency and wish to apply for Active/ Associate/ Affiliate/ Out-of-State Membership.

Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

If applying for **Active/Affiliate** membership:

Date Certified by the American Board of Dermatology: _____

If Not Board Certified, Eligibility Date: _____

If applying for **Associate** membership:

Do you possess Certification of Special Competence in Dermatopathology by the
Boards of Dermatology and Pathology? ___ Yes ___ No

If Yes, Date Certified: _____

**Please list the names of two dermatologists who know you personally and who have been
TDS Active members for at least three years.**

Name: _____

Name: _____

- I attest that the above information is true and correct. I promise to adhere to the Constitution of the Texas Dermatological Society. I further promise to practice dermatology in an ethical manner and I will refrain from misleading or fraudulent statements or advertising regarding my practice of dermatology.

Signature: _____ **Date:** _____

Please submit with this application:

_____ Copy of your American Board of Dermatology Certification

_____ If not board certified, verification of the completion of your dermatology residency training.

For questions regarding membership, please call (512) 370-1502.

Return to: Texas Dermatological Society • 401 West 15th Street • Austin, Texas 78701•

Fax: (512) 370-1626