



Society of Dermatology SkinCare Specialists

MEMBERSHIP APPLICATION

BENEFITS: *Check website www.sdss.tv for additional benefits as they become available...

- Subscription to the PCI Journal™ Official Journal of the SDSS.
- Subscription Discounts to Skin Inc. magazine, Cosmetic Surgery Times, Dermatology Times.
- Membership Certificate.
- Discounted rates to educational conferences, meetings and products.
- Membership Roster to network with other skin care professionals.

Preferred Address for SDSS Mailings:

Dues: \$130

Name: _____

Physician Name: (If applicable) _____

Practice/Company Name: (If applicable) _____

Address: _____

City: _____ **State:** _____ **Zip** _____ + 4 _____

Tel: Day: (____) _____ Fax: (____) _____

E-Mail: _____

Optional Information

Tel: Home: (____) _____ Home Fax: (____) _____

Home E-Mail: _____

Type of Membership:

_____ **SkinCare Specialist** (Works with BC/BE dermatologist)
Are you a licensed esthetician _____ Cosmetologist _____ Nurse _____ Other _____

_____ **Associate Membership** (Do not work with BC/BE dermatologist)
Are you a licensed esthetician _____ Cosmetologist _____ Nurse _____ Other _____

Payment Method: Check #: _____ Check or Money order made payable to SDSS	
Amex/Visa/MC#: _____	Exp. Date: ____ / ____ / ____
Name on Card: _____	Total: \$130
Signature: _____	