



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: \$150

Name: _____

Physician Name: (If applicable) _____

Practice/Company Name: (If applicable) _____

Address: _____

City: _____ State: _____ Zip _____ + 4 _____

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

E-Mail: _____

*Monthly SDSS eNewsletter sent via email

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: \$150
Signature: _____ Member Renewal Lt