



# AARS Renewal Membership Application

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Professional Designation: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Citizenship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## MEMBERSHIP LEVEL RENEWAL

## ANNUAL DUES

Please select the appropriate membership renewal level:

<b>Fellow:</b> Eligible to any physician who is a resident of the United States and who is certified by (i) the American Board of Dermatology or (ii) the American Osteopathic College of Dermatology or who has training approximately equivalent to the requirements for certification by the American Board of Dermatology.	<b>\$150.00</b>
<b>Associate:</b> Eligible to any non-U.S. physician involved in dermatology either through clinical practice, teaching, research, or industry.	<b>\$150.00</b>
<b>Affiliate:</b> Eligible to any non-physician with a degree in a scientific discipline or allied health professional with involvement in dermatology that is employed by either a medical school, governmental organization, or by a physician Fellow or Associate of AARS (ie, Nurse, Nurse Practitioner, or Physician Assistant).	<b>\$100.00</b>
<b>Industry:</b> Eligible to any non-physician with a degree in a scientific discipline or allied health professional with involvement in dermatology that is employed by either a public organization, pharmaceutical company, cosmetic firm or by a physician Fellow or Associate of AARS.	<b>\$150.00</b>
<b>Resident:</b> Eligible to any dermatology resident in good standing in training at any approved training center. Applications must be submitted with a letter of recommendation from your Program Chair or Director.	<b>\$50.00</b>

Renewal Membership Dues: \$ \_\_\_\_\_

Add-on amount - Donate to the AARS (optional): \$ \_\_\_\_\_

Total Payment Amount: \$ \_\_\_\_\_

## PAYMENT INFORMATION & SIGNATURE (All Applicants Must Complete This Section)

Check   
  Visa   
  Mastercard   
  American Express   
  Cash   
  Discover

*Please make checks payable to:  
 American Acne and Rosacea Society  
 201 Claremont Ave  
 Montclair, NJ 07042*

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV/CVC: \_\_\_\_\_

Credit Card Holder's Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

The AARS is a 501(c)(3) non-profit public charity. Contributions to the AARS are tax deductible under §170 of the Internal Revenue Code. Use of the name of the American Acne and Rosacea Society and/or the Society logo on business stationery or in any advertisement is prohibited.

PHONE: 888.744.DERM (3376)

FAX: 973.783.4576

EMAIL: info@AARSMember.org