



# ATLANTA DERMATOLOGICAL ASSOCIATION

## MEMBERSHIP APPLICATION

**TO BECOME A MEMBER OF THE ADA\*\*\*\*\***

Submit this completed application, your CV and Dues Payment to the ADA office for review by the Executive Committee.

1. After all paperwork has been received, **you must attend a meeting to be introduced.**
2. Then at a following meeting (you may or may not be in attendance) there will be a vote to accept your membership application.
3. New members will be given a website Username and Password to login at [www.atlantaderm.org](http://www.atlantaderm.org) to adjust and expand their physician profile.

Date: \_\_\_\_\_ E-mail Address (\*req) : \_\_\_\_\_

Physician's Name: \_\_\_\_\_

- Regular Member (\$200)     
  Associate Member (\$200)     
 \*see following page for  
 Resident Member (\$50)     
  Affiliate Member (\$200)     
 Member Category requirements

Main Office Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**REFERENCES \*\*\*\*\***

*Provide two references (one, preferably, a current ADA member) whom we may contact for a recommendation:*

1) Name: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**DUES PAYMENT\*\*\*\*\***

CHECK (Payable to the Atlanta Dermatological Association)      SEE ABOVE FOR AMT TO PAY

AMEX       VISA       MASTERCARD       DISCOVER

Name as it appears on the card \_\_\_\_\_

Card # \_\_\_\_\_

Exp \_\_\_\_\_ CID # \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

FAX this form with payment via CC to: 305-422-3327

or MAIL this form with payment via Check to:

**Atlanta Dermatological Association  
6134 Poplar Bluff Circle, Suite 101  
Norcross, Georgia 30092**

Contact Maryann with questions at [maryann@theassociationcompany.com](mailto:maryann@theassociationcompany.com) or 404-310-5866.

2010

EXECUTIVE COMMITTEE

**PRESIDENT**

REBECCA VAUGHN, MD

**SECRETARY**

KEITH BRUNO, MD

**TREASURER**

CARL WASHINGTON, MD

6134 POPLAR BLUFF CIRCLE

SUITE 101

NORCROSS, GEORGIA 30092

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## Excerpt from ADA Bylaws regarding membership in the Atlanta Dermatological Association.

### ARTICLE III. MEMBERSHIP

Section 1. **Eligibility.** Members shall be licensed physicians who are certified by the American Board of Dermatology or who have completed three years of a dermatology residency accredited to the American Board of Dermatology.

#### Section 2. **Classes of Membership.**

A. **Regular** members shall be dermatologists practicing in the greater Atlanta area. Only regular members are eligible to vote and hold office in the Association.

B. **Associate** members shall be

1. Dermatologists outside the greater Atlanta area
2. Dermatologists in the greater Atlanta area who are not currently engaged in the practice of dermatology

E. **Affiliate** membership shall be available to

1. Physicians in allied disciplines who have a special interest in dermatology
2. Non-physician scientists with a special interest and knowledge in dermatology or a related sub-specialty.

F. **Resident** membership will be available to physicians in training in an approved dermatology residency program.

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