



ATLANTA DERMATOLOGICAL ASSOCIATION

Dear Atlanta Dermatologist,

If you are not currently a member of the Atlanta Dermatological Association, we would like to take this opportunity to invite you to join. Membership dues are only \$200 per year and the benefits are well worth this fee. Some of these benefits include:

- Free registration at all ADA Activities at which you have the opportunity to earn AMA category 1 credits as well as AAD recognized Category 1 credits (6 meetings in all, totaling 16 hrs CME credit). There is also one business meeting and a holiday party.
- Inclusion on the ADA website which includes a dermatologist/service search engine for re
- Opportunity to have influence on issues that affect your practice and your patients.

This completed application, your CV and Dues Payment are required for review by the Executive Committee.

After all paperwork has been received, attend a meeting to be introduced. At our next meeting, there will be a vote to accept your membership application.

Date: _____ E-mail Address: _____

Physician's Name: _____

Regular Member Associate Member Affiliate Member **see next page*

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: _____

\$200 APPLICATION FEE *****

CHECK (*Payable to the Atlanta Dermatological Association*)

AMEX VISA MASTERCARD

Card # _____

Exp _____

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 or 404-310-5866.

2008
EXECUTIVE COMMITTEE

PRESIDENT
KENNETH ELLNER, MD

SECRETARY
JULIE BARBER, MD

TREASURER
REBECCA VAUGHN, MD

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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

C. **Senior** membership shall be available to members who are 65 or older and in partial or full retirement from the practice of dermatology.

D. **Honorary** membership may be conferred on any distinguished person upon recommendation by the Executive Committee and a $\frac{3}{4}$ vote of members present and voting.

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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