

The Photomedicine Society

Membership Application/Renewal Form

Annual Dues

Full Membership - Standard \$150 USD
Full Membership - Resident/Fellows \$90 USD
Meeting Registration Only \$125 USD
Phototherapy Course Only \$75 USD

Please indicate your status

- Register for full membership
- New Member
 - Renewing Member (address change)
 - Renewing Member (no address change)
 - Meeting Registration only
 - A-Z Phototherapy Course only

Contact Information

Name _____
Address* _____

City, State, Zip _____
Telephone* _____
Fax* _____
Email _____

Dues Solicitation

In order to properly credit your dues, please print your name on the face of your remittance check or money order payable in U.S. currency by bank check, money order, or VISA/MasterCard/American Express.

Please indicate your status

- Check (payable to Photomedicine Society)
- MasterCard
- VISA
- American Express

Please print card number in space below

Expiration Date _____

Signature _____

*** These boxes are only required if you are a new member, or if you are a renewing member who has had a change of address or contact.**

Please submit form with check, money order, or credit information to

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