



Council for Nail Disorders
APPLICATION FOR MEMBERSHIP

OR JOIN ONLINE at
www.nailcouncil.org

Name (Please print: First, M.I., Last) Degree/Credentials (req)

Email Address (req) Fax #

Office Phone # (req) Mobile Phone #

Institution/Practice (req) Title

Office Address: [] preferred for CND contact Home Address: [] preferred for CND contact

[] preferred for CND contact [] preferred for CND contact

Country of citizenship: [] United States [] Other: (specify)

Medical School: Yr. Entered: Yr. Completed:

Internship: Yr. Entered: Yr. Completed:

Residency: Yr. Entered: Yr. Completed:

Post Graduate Training: Yr. Entered: Yr. Completed:

Board Certification | Name of Board: Cert Year:

Board Eligible | Name of Board: Cert Year:

Medical Licensure Number: Date:

If not actively practicing dermatology or podiatry and your application is for other than Fellow or Associate Member, describe activities and duration related to dermatology or podiatry in detail. Please provide Curriculum Vitae.

[] preferred for CND contact [] preferred for CND contact

Medical society memberships (National, state, specialty) List any office or committee appointment you hold or have held)

[] preferred for CND contact [] preferred for CND contact

CLASSES OF MEMBERSHIP

I hereby apply for the following membership class (check one):

Dermatology Fellow - \$100/year - Any licensed dermatologist who is either board certified by or board eligible for the American Board of Dermatology or the American Osteopathic Board of dermatology shall be eligible for fellow.

Podiatry Fellow - \$100/year - Any licensed U.S. or Canadian Podiatrist who is board certified by or board eligible for the American or Canadian Board of Podiatry shall be eligible for Podiatric Fellowship.

*Dues waived for 1st year courtesy of **The Rhett Foundation**; eligible for the first 100 new podiatry fellow members.*

Applicant MUST meet ALL of these requirements: Must be a new member to the CND; Must be a DPM (Podiatrist); Must be in practice 5 years or less.

Associate - \$100/year - Any licensed dermatologist or other licensed physician or podiatrist trained and practicing in the United States shall be eligible for Associate membership.

Affiliate - \$100/year - Any medical investigator, interested corporate representative, or non-health-related professional (e.g. cosmetician, etc.) shall be eligible for Affiliate membership. Affiliate membership may be granted by a three fourths (3/4) majority vote of the Board of Trustees.

Graduate Resident - WAIVED - Any graduate resident is eligible for Graduate membership

Sponsor - \$100/year - Membership shall be granted to an organization or corporation that provided unrestricted education grants.

I certify that the above information is correct as recorded. I have read section 1(Categories of membership) and section 2 (eligibility, rights and obligations) of the enclosed CND bylaws. A COMPLETE COPY OF THE CND BYLAWS WILL BE SENT UPON REQUEST.

SIGNATURE

DATE

Please return this completed application form with dues payment. Payment should be made in U.S. dollars only.

PAY BY CHECK

Make check payable to / mail to:

COUNCIL FOR NAIL DISORDERS

6134 Poplar Bluff Circle

Norcross, GA 30092

PAY BY CREDIT CARD

Complete the information below and fax to 305-422-3327

Visa

Mastercard

American Express

Card Number: _____ Exp: _____ CVV: _____

Name on Card: _____

Cardholder Signature: _____

Council for Nail Disorders
6134 Poplar Bluff Circle | Norcross, GA 30092
Tel 770-613-0932 | Fax 305-422-3327 | katie@theassociationcompany.com