

Membership Application

Instructions

Please complete the details below and email to:

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Eligibility

1. Fellows of the Australasian College of Dermatologists and the New Zealand Society of Dermatologists
2. Fellows in Dermatology from other countries recognised by the ASCD
3. Trainees in Dermatology in Australia, New Zealand or other Countries recognised by ASCD

Details

Name:

Qualifications:

Australian member New Zealand member

Other country (please list):

Name of practice:

Address of principal practice:

Email address:

Phone Number:

Mobile:

Cosmetic areas of interest (please tick all relevant areas)

Injectables Lasers Skincare

Fat reduction Scar optimisation Thread lifting

Skin tightening Acne Rosacea

Pigmentation

Other (please list):

Declaration

I, _____ declare that the information provided in this application is true and correct.

.....

(Signature)

Date of application: [Click here to enter a date.](#)

For Office use:

Date application received: [Click here to enter a date.](#)

Application approved: Yes No

Applicant notified: Yes No