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

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.

Contact Information
- Name ________________________________
- Address* ________________________________
- __________________________________
- City, State, Zip ________________________________
- Telephone* ________________________________
- Fax* ________________________________
- Email ________________________________

* 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 indicate your status
- ☐ Check (payable to Photomedicine Society)
- ☐ MasterCard
- ☐ VISA
- ☐ American Express

Please print card number in space below

Expiration Date ______

Signature ________________________________

Please submit form with check, money order, or credit information to
Heidi Jacobe, MD
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c/o Department of Dermatology
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Dallas, TX 75390-9069
(214) 633 1858
photomed@utsouthwestern.edu