

DUES FOR THE UTAH DERMATOLOGY SOCIETY

January 1-December 31, 2016

Board Certified Dermatologist: **\$100.00**
Associate Member (Nurse Practitioners, Physician Assistants,
Dermatopathologists, other physicians with interest in dermatology,
research associates, etc.): **\$85.00**

Please detach the slip below and send with remittance to:

Utah Dermatology Society
P.O. Box 571917
Murray, UT 84157

If you have any questions, please email Megan at
utahdermsociety@gmail.com

Please detach below and send with dues payment

Utah Dermatology Society 2016 Dues

Name: _____ Phone number: _____

Email: _____ How do you prefer to be contacted: Email Fax

Board Certified Dermatologist: **\$100.00**

Associate Member Physician: **\$85.00**

Associate Member Non-Physician: **\$85.00**
(includes N.P.s, P.A.s, Nurses, Research Personnel, etc.)

Signature of Supervising Physician (for Associate member non-physicians)