



**DASIL International Headquarters**  
**Dermatologic & Aesthetic Surgery International League**  
 453 Williamsburg Lane, Prospect Heights, IL 60070 USA  
 Phone: 847-577-6543 | FAX: 847-986-4005  
 Email: [HQ@theDASIL.org](mailto:HQ@theDASIL.org) | [www.theDASIL.org](http://www.theDASIL.org)

**Personal and Demographic Data**

*\*denotes mandatory fields*

Date of Submission\*

Title\*

First Name\*

Family Name\*

Birth date\*

Practice Institution Name\*

Department\*

Office Address\*

Street 1\*

Street 2

Street 3

City\*

State or Province\*

Country\*

Mail Code (ZIP)\*

Phone numbers' format: country code - city code - telephone (fax) number  
 CORRECT 20-2-234-3245 / WRONG +20-2-234-3245 / WRONG 002022343245

Telephone #\*

FAX #\*

E-mail\*  critical data

Home Telephone

Husband/Wife Name

## Training Data

### Your National Dermatology or other Aesthetic Surgery Society

Name of your National Society\*

Year you joined the society\*

Have you ever been censured, disciplined or denied membership by a hospital or any medical society?\*

No

Yes  (explanation required)

### Your Curriculum Vitae\* **My CV is attached**

Provide by Email ([HQ@theDASIL.org](mailto:HQ@theDASIL.org)) along with your completed membership application or FAX (847-480-9282) your Curriculum Vitae (CV) with the following data:

Your Curriculum Vitae must include the data listed below. If your CV contains the data below please indicate this and attach your CV to the application; therefore you do not have to complete this section -your CV will suffice.

Enter as much data as applies to your training. If you did not participate in an Internship program, skip that question.

### Medical School:\*

Name\*

Location\*

Year Graduated\*

### Post Graduate Training Before Residency (include all that apply):\*

Internship Institution (if any)\*

Internship Location\*

Internship Dates\*

Residency Institution\*

Residency Location\*

Residency Dates\*

### Fellowship Training (Include all that apply):

Institution # 1

Location

Program Director

## Training Data - continued

Dates

### Your National Society Memberships:\*

Name a maximum of four national societies

### Your Principal Active Hospital Appointment:

Staff Category\*

Name of Hospital\*

Location\*

### Present Academic Appointment:

Name of Institution

Location

## Core Organizational Units & Committees

Please select which of the following DASIL Core Organizational Units and/or DASIL Committees you would be willing to serve on in the future:

- Assembly of National Affiliated Societies (ANAS)
- Awards and Honors
- Congress Program Committee
- Ethics Committee
- Finance Committee
- Judicial Committee
- Local Organizing Committee
- Membership Committee

## Membership Category

Please check the appropriate category:\*

- Fellow:** A physician or surgeon, either allopathic or osteopathic, in good standing within the individual's country and is certified or credentialed by the country's or geographical accrediting agency.
- Associate:** A physician or surgeon, either allopathic or osteopathic, in good standing within the individual's country and *who is eligible* to be credentialed by the country or geographical accrediting agency.
- Fellow-in-Training:** An individual currently engaged in post residency or post graduate study only
- Resident:** Graduate of an allopathic or osteopathic school who is studying in specialty focused training
- Affiliate:** A non-graduate of either an allopathic or osteopathic medical school who is actively engaged in the study and training of either dermatologic or aesthetic surgery or is employed supporting this practice environment.
- Retired:** Person who is no longer is active practice or employment, who has reached a predefined age but still wants involvement with DASIL. Applied for and granted by the Board of Directors.

## Membership Dues

- \$175 USD
- \$75 USD for Physicians in Developing Countries
- \$50 USD for Retired Professionals, Residents, and Fellows-in-Training

*Please complete and submit this form along with your CV to DASIL Headquarters at [HQ@theDASIL.org](mailto:HQ@theDASIL.org). Upon approval of your application, you will be contacted by the DASIL Headquarters and advised regarding payment processing. You will receive a further email confirmation when the payment has been processed.*

### Applicant's certification\*

- I certify that the above information is truthful, and acknowledge that any false statements may result in the rejection of this application or subsequent loss of membership. Further, I agree to comply with the code of ethics, specific principles, and bylaws of DASIL.

Signed \_\_\_\_\_