



**Membership Dues Payment**  
**The Dermatologic & Aesthetic Surgery International League**  
[www.thedasil.org](http://www.thedasil.org)

*Please complete all items. We need the information for us to process your dues payment*

Name: _____	
Preferred Address: _____	
City _____	State/Province _____ Mail Code: _____
Phone Number _____	E-mail _____
Please note any colleagues who might be interested in receiving membership application forms from the DASIL, <u>including email address</u> .	
Annual dues are noted below. Please mark your status and indicate your form of payment for your annual DASIL dues. Payment is due January 1 each year. ( Check one)	
<input type="checkbox"/> \$200 USD (Fellow, Associate, Affiliate)	
<input type="checkbox"/> \$100 USD for Physicians in Developing Countries	
<input type="checkbox"/> \$75 USD for Residents and Fellows-in-Training	
<input type="checkbox"/> \$50 USD Retired	
Make your check payable to DASIL for dues and send along with this completed form to: DASIL - Membership - 453 Williamsburg Lane – Prospect Heights, IL 60070 - USA	
If you prefer to pay your dues by credit card, please complete the following information and mail it to the above address, email it to HQ@theDASIL.org or fax (+1-847-986-4005 – secure fax).	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMX <input type="checkbox"/> Check (USD Only)	
Name on Card _____	
Card Number _____	
Expiration Date (mm/yy) _____	CCV (3 digit number back of card) _____
Signature _____	Billing Address (if different from above) _____
<p><i>Confirmation of receipt of payment will be sent to your email address above.</i> <i>If questions about the DASIL, please email Maureen Rosenthal at HQ@theDASIL.org.</i> <i>Thank you for your interest in the DASIL! www.thedasil.org</i></p>	