



Membership Dues Renewal Form
The Dermatologic & Aesthetic Surgery International League
www.thedasil.org

Name:			
Designations:		Country:	
Practice Name:			
Preferred Address:			
City:	State/Province:	Mail Code:	
Phone Number:		E-mail:	
Office Contact:			
Please note any colleagues who might be interested in receiving membership application forms from the DASIL, including email address.			
Annual dues are noted below. Please mark your status and indicate your form of payment for your DASIL dues. Payment is due January 1 each year.			
<input type="checkbox"/> \$200 USD (Fellow, Associate, Affiliate – Circle ONE) <input type="checkbox"/> \$100 USD for Physicians in Developing Countries <input type="checkbox"/> \$ 75 USD for Residents and Fellows-in-Training (Circle ONE) <input type="checkbox"/> \$ 50 USD Retired			
Make your check payable to DASIL for dues and send along with this completed form to: DASIL – Maureen Rosenthal – 453 Williamsburg Lane – Prospect Heights, IL 60070			
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"/> Check (USD only)			
Signature		Billing Address, City, Country (if different from above)	
_____		_____	
Name on Card	Card Number	Expiration Date	CCV (3digit# back of card)
_____	_____	_____	_____
Confirmation of receipt of payment will be sent to your email address above. If questions about the DASIL, please email Maureen Rosenthal at HQ@theDASIL.org.			