



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, <u>including email address</u> .			
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 Residents and Fellows-in-Training (Circle ONE) <input type="checkbox"/> \$75 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 (+1-847-577-6583 – secure fax). <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Check (USD only)			
Signature		Billing Address (if different from above)	

Name on Card	Card Number	Expiration Date	CCV (3digit# back of card)
_____	_____	_____	_____
<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>			