



APPLICATION FOR MEMBERSHIP

Date: _____

Member category: Active Member Trainee Member

Name: _____
Last First Middle Initial

Birthdate: _____ Degree or Title: _____
Month Day Year

Institution: _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

Citizenship: _____

Occupation: Clinical Investigator and/or Bench Scientist

Activity: Academic and/or Private and/or Corporate and/or Other (describe): _____

Education: (Institution, Location, Inclusive Dates)

	University or Institution	Degree	Year
Undergraduate			
Medical or Graduate School			
Residency or Postgraduate Training			
Fellowship Training			
Other Specialty Training			

Other Specialty Training: _____

Areas of Expertise: _____

Certification and Affiliations:

American Board of Dermatology: _____ Year: _____

Royal College of Physicians and Surgeons of Canada: _____ Year: _____

Equivalent Board (other countries): _____ Year: _____

Other Specialty Boards: (Name) _____ Year: _____

_____ Year: _____

Scientific Affiliations:

Name: _____ Year: _____

Name: _____ Year: _____

Credentials in Hair Research: _____

Clinical/Research Experience: _____

Publications: (Attach relevant bibliography)

Letters of Recommendation:

Two letters of recommendation are required, one of which must be from a member of the (North) American Hair Research Society. Indicate the names and addresses of the two individuals who will send letters of recommendation on your behalf:

1) Name: _____ Telephone or E-mail: _____

Address: _____

2) Name: _____ Telephone or E-mail: _____

Address: _____

Applications are reviewed and voted on by the Board of Directors of the (North) American Hair Research Society.

I affirm the information submitted is complete.

Signature Date

Application Fee: **\$125.00 for Active Member** **\$0.00 for Trainee Member**

Membership dues are \$125.00/year. Application for Active Member category must be accompanied by a \$125.00 application fee. If your application for membership is approved by the Board of Directors, this will be applied as your first year of dues. Trainee Member category is not required to pay dues or application fee. Please submit a check. **After we receive your application we will contact you within 48 hours. If you have not heard from us within that time frame, please follow-up regarding your application.**

Return completed application and fee to:

(North) American Hair Research Society
303 West State St.
Geneva, IL 60134 USA
Telephone: 1-630-578-3991; Fax: 1-630-262-1520
E-mail: membership@nahrs.org

MEMBERSHIP

Active Members: Physicians and scientists engaged in basic and/or clinical research related to hair are eligible for Active Membership. Active membership implies that the member will contribute scientifically to the activities of the Society. Active Members shall have the right to attend membership meetings, participate in discussions, to vote, to be a candidate for elective office, and to accept appointment to committees and councils. Active Members shall be obligated to pay all dues and assessments, and to observe all Bylaws and regulations imposed by the Society.

Trainee Members: Physicians and scientists in training posts, such as residents, fellows and post-doctoral fellows, who are engaged in basic and/or clinical research related to hair, are eligible for trainee membership. Trainee membership implies that the member can contribute scientifically to the activities of the Society. Trainee Members shall have the right to attend membership meetings and to participate in discussions. Trainee Members shall be obligated to observe all Bylaws and regulations imposed by the society. Trainee Members shall be obligated to pay dues or assessments for trainees and shall be required to pay registration fees and fees for social events.

Note: Use of the name (North) American Hair Research Society and/or the Society logo on business stationery or in any advertisement is prohibited.