



NORTH AMERICAN HAIR RESEARCH SOCIETY

APPLICATION FOR ACTIVE MEMBERSHIP

Date: _____

Name: _____
Last First Middle Initial

Birthdate: _____ **Degree or Title:** _____
Month Day Year

Office Address: _____
Number and Street

City State Zip Country

Telephone: Area Code () _____ **Fax:** _____

Email 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)

Applications are reviewed on a quarterly basis by the Board of Directors of the North American Hair Research Society and confirmed by vote of the membership of the North American Hair Research Society at the Annual Meeting, which is held each year in conjunction with the Society for Investigative Dermatology Annual Meeting.

I affirm the information submitted is complete.

Signature

Date

Membership dues are \$100.00/year. Application must be accompanied by a \$100.00 application fee. If your application for membership is approved by the Board of Directors, this will be applied as your first year of dues. Residents and fellows are not required to pay dues or application fee. Please submit a check or money order in US currency.

Return to:
North American Hair Research Society
Amy McMichael, MD, Secretary/Treasurer
Wake Forest University School of Medicine
Department of Dermatology
Medical Center Blvd
Winston-Salem, NC 27157
Tel 336-716-2768 FAX 336-716-7732
Email: rstarlin@wfubmc.edu

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

MEMBERSHIP

Active Member: A physician or scientist who is engaged in basic and/or clinical research related to hair, and whose medical or scientific qualifications and credentials in the field of hair research, are found acceptable by the Board, shall be eligible to be an Active Member of the North American Hair Research Society.

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

Name: _____ Telephone No. _____

Address: _____ Fax No. _____

Name: _____ Telephone No. _____

Address: _____ Fax No. _____
