

## SAMPLE ENDORSEMENT LETTER

(Date)

American Society for Dermatologic Surgery  
1933 North Meacham Rd, Suite 650  
Schaumburg, IL 60173

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Attention: Membership Department

RE: (Endorsed physician's name)

As a Fellow of the American Society for Dermatologic Surgery, I endorse the application of Dr. (Name) for membership into the Society.

I have known Dr. (Name) for (length of time) and have found him/her to be (describe skills).

Please contact me if I can provide any additional information in support of this application.

Sincerely,

(Endorsing Physician's name)

### ***Note to New Member Applicants:***

If you are a current member of the AAD your endorsement requirement for becoming a member of the American Society for Dermatologic Surgery is one endorser.

If you require assistance with the ASDS membership application please contact ASDS Membership Department at 847-956-9124 or via email ([membership@asds.net](mailto:membership@asds.net)). We look forward to receiving your application materials.

American Society for Dermatologic Surgery  
Membership Department  
1933 North Meacham Rd, Suite 650  
Schaumburg, IL 60173  
Phone: 847-956-0900  
Fax: 847-956-0999