

## **SAMPLE ENDORSEMENT LETTER**

(Date)

Jeannette Panzke  
American Society for Dermatologic Surgery  
5550 Meadowbrook Dr.  
Suite 120  
Rolling Meadows, IL 60008  
Fax: 847/956-0999

RE: (Endorsed physician's name)

Dear Ms. Panzke,

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, whom resides in city, state or province.

If you require assistance with the ASDS membership application please contact Shonnie Shelton at 847-956-0900 or via email ([sshelton@asds.net](mailto:sshelton@asds.net)). I look forward to receiving your application materials.

*Shonnie Shelton*

ASDS Administrative Coordinator  
5550 Meadowbrook Drive  
Suite 120  
Rolling Meadows, IL 60008  
Phone: 847-956-0900  
Fax: 847-956-0999