TO: NEDS Administrator

New England Dermatological Society

PO Box 549127

Waltham, MA 02454-9127

neds@mms.org

781-464-4896 Fax

 DATE:

Dear Administrator:

I would like to recommend

*Name & Suffix*

for membership in the New

England Dermatological Society. As a well-trained and competent dermatologist *(or substitute with one of the following as needed: dermatologist, researcher, pathology-trained dermatopathologist, nurse practitioner or physician assistant)* s/he would be an asset to our society.

Sincerely,

*Signature*

*Printed Name*