APPLICATION FOR MEMBERSHIP

Please send / fax to: EURO*SKIN*
c/o Centre of Dermatology
Am Krankenhaus 1
21614 Buxtehude / Germany
Fax: ++49 (0) 4161 -703-6745

Please type or print

Position / Title: õ ..

Last Name: õ õ õ õ õ õ õ õ õ õ ..õ õ ..First Name: õ õ õ õ ....

Date of Birth: õ õ õ õ õ õ õ õ õ õ .õ õ Nationality: õ õ õ õ õ õ õ ....

Address: õõ õ .

Postal Code: õ .õ õ ....City: õ õ .õ ....õ .. Country: õ õ õ õ õ õ õ ..

Telephone: õ õ õ õ õ õ õ õ õ õ õ .õ Fax: õ õ õ õ õ õ õ ....

Email: õ ..

Speciality: õ ....

University / Organisation: õ õ õ õ õ õ õ õ õ õ õ õ ...õ õ õ Year:õ õ õ

Indicate method of payment below:

☐ Bank cheques or Eurocheques made payable to EURO*SKIN*

Bank Transfer to: Keyword: Membership
Sparkasse Harburg-Buxtehude
Sort Code: 207 500 00
Account no.: 0090046996

Credit Card:

VISA EUROCARD / MASTERCARD AMERICAN EXPRESS

Number: õ õ õ õ õ õ õ .. valid until: õ õ õ õ õ õ õ õ õ õ ..

Membership: ” 100,- (students and physicians in training ” 50,-)

Date: õ õ õ õ õ õ õ õ õ . **Signature :** õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ ..