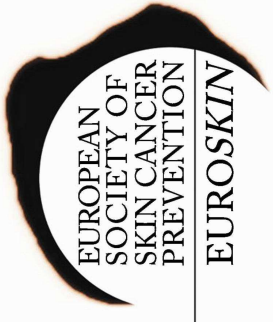


APPLICATION FOR MEMBERSHIP



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

Please type or print

Position / Title:
Last Name: First Name:
Date of Birth: Nationality:
Address:
Postal Code: City: Country:
Telephone: Fax:
Email:
Speciality:
University / Organisation: Year:

The below indicated method of payment will be initiated by the new member:

- Bank cheques or Eurocheques made payable to EUROSKIN,
kindly transfer to above address
- Bank order, kindly transfer to:

Sparkasse Harburg-Buxtehude
Sort Code: 207 500 00
Account no.: 0090046996
Iban: DE 0220 7500 0000 9004 6996
Bic: NOLA DE21 HAM

Keyword: Membership, name

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

Date:
Signature :