

APPLICATION FOR MEMBERSHIP

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



Please type or print (in block letters)

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

Indicate method of your payment below:

Bank cheques or Eurocheques made payable to EUROSKIN

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

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

Date:

Signature :



Your complimentary use period has ended.
Thank you for using PDF Complete.

[Click Here to upgrade to Unlimited Pages and Expanded Features](#)

APPLICATION FOR MEMBERSHIP

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



Please type or print (in block letters)

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

Indicate method of your payment below:

Bank cheques or Eurocheques made payable to EUROSKIN

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

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

Date:

Signature :



Your complimentary use period has ended.
Thank you for using PDF Complete.

[Click Here to upgrade to Unlimited Pages and Expanded Features](#)