

# 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 : .....