



EUROPEAN ACADEMY OF DERMATOLOGY AND VENEREOROLOGY  
ACADEMIE EUROPEENNE DE DERMATOLOGIE ET VENEREOROLOGIE

A non profit association / Association sans but lucratif

**APPLICATION FOR MEMBERSHIP**

**PERSONAL DETAILS:** (PLEASE TYPE OR PRINT)

Last name: \_\_\_\_\_ First name(s): \_\_\_\_\_ Position/Title \_\_\_\_\_  
Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality: \_\_\_\_\_ Passport Number (or ID) \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ **Email address:** \_\_\_\_\_

**PROFESSIONAL INFORMATION REQUIRED:**

**A. INDIVIDUALS** (The Board will decide on the relevant category)

**1. Nationality:**

**Copy of passport or ID card required**

**2. Specialisation:**

**Copy of Certificate OR letter of attestation of status from EADV member is required**

First Medical Degree: Date \_\_\_\_\_ University: \_\_\_\_\_ Country: \_\_\_\_\_

Specialist status: Date: \_\_\_\_\_ Institution: \_\_\_\_\_ Country: \_\_\_\_\_

**3. PhD** (if applicable- scientists) **Doctoral award:**

Date \_\_\_\_\_ Institution: \_\_\_\_\_ Country: \_\_\_\_\_

Topic \_\_\_\_\_

**4. Trainee** enclose official certificate of training and dates of entry and presumed completion

**5. If retired**, date of first joining EADV

**6. Endorsers** **THREE EADV Specialist members** must endorse application confirming that, in their opinion, the applicant in question is a fit and proper person to be admitted to membership of EADV

Endorser 1 Name \_\_\_\_\_ EADV number \_\_\_\_\_

Endorser 2 Name \_\_\_\_\_ EADV number \_\_\_\_\_

Endorser 3 Name \_\_\_\_\_ EADV number \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**Note:** For on line applicants, *the confirmation of identity form with original signature must be sent by post*

**ANNUAL DUES:** (The relative dues are revised annually by the Board of Directors)

**European**

Ordinary: €170; Specialists: €150, Trainees: €75 \*; Retired: €75

\*extended until age 35 to those attaining specialist qualification

**Non-European :**

€150 Trainees: €75 (E -version of JEADV)

**PAYMENT METHOD:**

**Bank transfer** or  **Credit Card**

Bank details information will follow with request of payment upon approval of your application for EADV membership.

**B. ORGANISATIONS:** Letter to Secretary-General (see web page [www.eadv.org](http://www.eadv.org))

**NOTE :** Please refer to the EADV website for members' benefits and rights

Kindly send application form together with required documentation in **ENGLISH** to:

The Secretary General - EADV Succursale belge- Avenue General de Gaulle, 38 - B-1050 Brussels – Belgium  
Phone: +32 2 650 00 90 - Fax: +32 2 650 00 98 - Email: [membership@eadv.org](mailto:membership@eadv.org) - Website: [www.eadv.org](http://www.eadv.org)