



Membership Application Form

Organisation

Organisation Name:

Street/Avenue: Number:

City: Postal Code:

Country:

Telephone: (+) Mobile: (+)

Fax: (+) Email address:

Organisation Representative:

Title: Position:

Last name: First name(s):

Telephone: (+) Mobile: (+)

Fax: (+) Email address:

Organisations Requirements

Please send a letter, signed, addressed to the EADV Secretary-General with statement to describe your interest in Dermatology and/or Venereology and your reason to apply to the EADV as a supporting member.

Representative SIGNATURE

Annual Dues (The relative dues are revised annually by the Board of Directors)

Supporting Organisation 1000€

Payment Method

Bank transfer or Credit Card

Payments details information will follow upon approval of your application for EADV membership.

I agree with the [Terms of Use](#) and [Privacy Policy](#).

Application form should be sent together with required documentation (proof of status in ENGLISH, copy of ID) to:

The Secretary General – EADV Succursale belge– Avenue General de Gaulle, 38 – 1050 Brussels – Belgium

On-line application form available on the EADV Website: www.eadv.org - **NOTE** : Please refer to the EADV website for members' benefits and rights