



EUROPEAN ACADEMY OF DERMATOLOGY AND VENEREOLGY  
ACADEMIE EUROPEENNE DE DERMATOLOGIE ET VENEREOLOGIE

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 –(non-specialist): €170  Specialists: €150  Trainees: €75 \*  Retired: €75

\*extended until age 35 to those attaining specialist qualification

**Non-European :**  International €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 : Website: [www.eadv.org](http://www.eadv.org)

**Kindly send application form 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**  
**Phone: +32 2 650 00 90 - Fax: +32 2 650 00 98 - Website: [www.eadv.org](http://www.eadv.org)**