



## MEMBERSHIP APPLICATION FORM

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### PLEASE WRITE CLEARLY

I wish to apply for membership of the European Society of Contact Dermatitis and understand that all members of the Society are obliged to pay a membership fee. Ordinary membership includes a preferential subscription to the journal Contact Dermatitis.

#### Type of member

Ordinary  Junior

Title Prof/Dr

First name(s): \_\_\_\_\_ Last name: \_\_\_\_\_

#### Preferred mailing address for journal and correspondence:

Institute: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Post/Zip code \_\_\_\_\_

Country: \_\_\_\_\_ Tel.nr.: \_\_\_\_\_

Faxnr: \_\_\_\_\_ e-mail: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

#### As existing members of the European Society of Contact Dermatitis we support this application for membership:

Sponsor 1: Name \_\_\_\_\_

Signature: \_\_\_\_\_

Sponsor 2: Name \_\_\_\_\_

Signature: \_\_\_\_\_

#### For junior membership confirmation that the individual is in a training post from the head of department is requested.

When completed, this form should be sent to the secretary to whom all other enquiries about membership should be addressed. On acceptance the treasurer will send a request for payment of fees. Send NO money now.