ESDaP - Membership Fee Payment Instructions

A. **By credit card**

Please complete and return membership fee form by conventional mail or by fax (+32 71 358164) (***not*** by email) to: Dr. Françoise Poot, ESDaP Treasurer, ULB-Hôpital Erasme, Department of Dermatology, Route de Lennik 808, B - 1070 Brussels, Belgium.

Member's (or applicant's) Given Name and Family Name: Membership

Number as it appears on the membership card (if known):

Credit card: ☐ Visa ☐ Mastercard

Credit Card number: **Security Code (CVC):**

Cardholder's name (as printed on the credit card):

Expiry date (month/year):

Date:

Amount: ☐ 75€ (one year) ☐ 35€ (resident in dermatology or psychology) with copy of the student card

The membership fee is meant to be paid for the year(s):

Date:

Cardholder's signature

Member's or applicant's complete name, surname and signature (if different from cardholder's signature):

B. **By Bank Transfer**

IMPORTANT Members and Applicants for Membership who are not able to pay by credit card and wish to pay by bank transfer should, if possible, send an email signaling the payment to **both** treasurer@psychodermatology.net and secretary@psychodermatology.net . This will considerably speed up the processing of the payment and will avoid unnecessary reminders!

For bank transfer please use the following account details:

Account Holder	ESDaP – European Society for Dermatology and Psychiatry
Account Number:	202266
Bank Identification Code:	42390
IBAN:	AT924239000000202266
BIC:	VBOEATWWINN
Bank:	Volksbank Tirol, INNSBRUCK, AUSTRIA