



ESDaP - European Society for Dermatology and Psychiatry

Application for membership

FamilyName:

Given / First Name(s):

Title:

Sex: M F

Date of Birth: / /
(d d m m y y y y)

Profession: Dermatologist Psychiatrist Psychologist
 Resident Dermatologist Resident Psychiatrist Other, please specify:

Affiliation (if applicable):

Full Address:

Organization:

Department:

Street (Square etc.) & No:

Town:

Postal Code:

Country:

Email:

Phone: Countrycode Area code Number

I hereby apply for membership: ordinary member associate member*

*citizen of a non-European country or exercising a profession other than Dermatologist, Psychiatrist or Psychologist.

I have remitted the amount of 75 Euro (one year) 35 Euro (one year, special

fee for medical doctors in training – residents -or psychologists in training)

By having read and signed this document, the applicant for ESDaP membership confirms his/her approval for the procession of personal and sensitive data in compliance with existing laws and regulations.

Place and date:

Signature:

You will be sent a confirmation of the receipt of your application and payment, and be sent further information after the ESDaP Executive Committee has approved your membership.

Please post (**conventional mail**) or **fax** (+3271358164) completed application form **and** membership fee form to:

Dr. Françoise Poot, ESDaP Treasurer, Hôpital Erasme, Department of Dermatology, Route de Lennik 808, B--

1070
Brussels, Belgium.