



AGREEMENT OF ADHERENCE TO EADV STATUTES EADV MEMBERSHIP

I, the undersigned,

FULL NAME:

NATIONALITY:

LIVING/WORKING COUNTRY:

E-MAIL ADDRESS:

Hereby confirm applying for EADV membership. I understand and accept that the application process cannot be finalised until this document is received by the EADV Membership Department.

By signing this document, you agree to the EADV Statutes, Privacy Policy, and Terms.

<https://eadv.org/statutes>

<https://eadv.org/privacy>

<https://eadv.org/terms>

DATE & HANDWRITTEN SIGNATURE

Electronic signatures are not accepted on this document:



Please send this document to MEMBERSHIP@EADV.ORG

Reason(s) to join the EADV:

EADV Congresses and Symposia

Online learning

JEADV

Face-to-face learning

Access to medical journals and books

Funding Opportunities

Other - please specify:

How did you hear of us?

EADV Congresses and Symposia

Word of mouth

EADV Social Media platforms

The Internet

Webcasts and podcasts

Other - please specify: