



## AGREEMENT OF ADHERENCE TO EADV STATUTES EADV MEMBERSHIP

I, the undersigned,

FULL NAME:

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NATIONALITY:

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LIVING / WORKING COUNTRY:

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E-MAIL ADDRESS:

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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:

- |   |  |
|---|--|
| <input type="checkbox"/> EADV Congresses  | <input type="checkbox"/> Online courses                |
| <input type="checkbox"/> EADV Symposia  | <input type="checkbox"/> Face-to-face courses          |
| <input type="checkbox"/> Journal of the European Academy of Dermatology and Venereology (JEADV) | <input type="checkbox"/> Funding Opportunities         |
| <input type="checkbox"/> Access to medical journals and books                                   | <input type="checkbox"/> Other - please specify below: |

### How did you hear of us?

- |   |  |
|---|--|
| <input type="checkbox"/> EADV Congresses and Symposia | <input type="checkbox"/> Word of mouth                 |
| <input type="checkbox"/> EADV Social Media platforms  | <input type="checkbox"/> The Internet                  |
| <input type="checkbox"/> Webcasts and podcasts        | <input type="checkbox"/> Other - please specify below: |