

European Society of Veterinary Dermatology

APPLICATION FOR MEMBERSHIP

I apply for membership of the E.S.V.D. as: **Associate member** **Affiliate member**

Associate membership shall be open to all veterinarians who are interested in veterinary dermatology. Associated membership shall be approved by the Executive Committee of the E.S.V.D. Associate members shall not have the right to vote or hold office in the Society. Recommendation letters are not required for associate membership.

Affiliate membership shall be open to all non-veterinarians who are interested in veterinary dermatology. Affiliate membership shall be approved by the Executive Committee of the E.S.V.D. Affiliate members shall not have the right to vote or to hold office in the Society. Recommendation letters are not required for affiliate membership.

All applications must be accompanied by the payment of the annual fee. The subscription includes annual subscription to Veterinary Dermatology.

Please note: Membership is from January 1st to December 31st. Irrespective of when you become a member you will be deemed to have joined for that year and you will receive all copies of Veterinary Dermatology published that year. Therefore, this means that if you join in October, for example, you will get the three copies of **Veterinary Dermatology** so far published, and the fourth when it is published. You will then be asked for the next years subscription in the following January.

Method of Payment: (please tick the appropriate box)

Payment by Bank transfer: ESDV Account: 111858, BNP Luxembourg,
24 boulevard Royal, L - 2952 Luxembourg

name of bank.....2004 Annual Fee105 Euro

Payment in US Dollars. **For non European members only**, pay to Thierry OLIVRY,

College of Vet Med., North Carolina State University,
4700 Hillsborough St., Raleigh, NC 27606, USA 2004 Annual Fee.....120 USD

Payment with Credit Card: type of card: VISA MASTERCARD 2004 Annual Fee.....110 Euro

Card Number: Expiry date:

NAME First Name and Initial

ADDRESS (business):

Town: Country: Zip Code:

Telephone: Fax: E-mail:

Date:..... Signature:

Please tick if you do NOT wish your address to be included in the ESVD Annual Report

Please return the completed form to: Trevor WHITBREAD, 89 Queen Street, Newton Abbot, GB - Devon TQ12 2BG, UK