Society of Skin Structure Research Membership Application

Submitted		Year	Month	Day	Membership number:			
Name		Born						
					Year Mor	nth	Day	
					Sex	М	· F	
Name and address of office/clinic	name							
		Postal cod	de:					
	address							
		TEL ()	-	(Extension:)	
		FAX ()	-	E-mail :			
Home address		Postal cod	de:					
		TEL ()	-				
		FAX ()	-	E-mail:			
Degree								
(Graduation)			(Year	Month)			
Department								
or area of specialization								
Mailing address		1. Home	2. (Office/clinic				
Remarks								
Date of admission		Yea	ar	Month	Day (FY)	