

Society of Skin Structure Research

Notification of Changes

Submitted	Year	Month	Day	Membership Number:		
Name				Born		
				Year	Month	Day
				Sex	M · F	
Changes	<input type="checkbox"/> Name <input type="checkbox"/> Office/clinic: <input type="checkbox"/> Organization <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Contact address <input type="checkbox"/> Home: <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Degree (Check the appropriate boxes.)					
	Other changes					
Former organization						
New Organization	Name					
	Address	Postal code				
		TEL() - (Extension)				
		FAX() - E-mail				
Degree		M.D	Ph.D	Other()		
Department or Field of specialization						
Former home address		Postal code				
New home address		Postal code				
		TEL() -				
		FAX() - E-mail				
Mailing address		1. Home 2. Office/clinic				
Remarks						