

Society of Skin Structure Research

Withdrawal Form

Submitted		Year Month Day	Membership number:	
Name			Bone	
			Year Month Day	
			Sex	M • F
Name and address Of office/clinic	Name			
	Address	Postal code TEL : () - (Extension: FAX : () - E-mail :		
Home address		Postal code TEL : () - FAX : () - E-mail:		
Date of Withdrawal		1. End of fiscal year 2. Specified date (Withdraw on: Year Month Day)		
Reason for withdrawal				
Mailing address		1. Home 2. Office/clinic		
Remarks				