



**Asian Academy Of Dermatology And Venereology**

**MEMBERSHIP APPLICATION FORM**

Name (as in passport): \_\_\_\_\_

Passport No: \_\_\_\_\_

Address (Home): \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Address (Office): \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Profession / Specialty: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Present designation/position: \_\_\_\_\_

Membership of National Dermatological Society/Association: \_\_\_\_\_

**CATEGORY OF MEMBERSHIP**

Ordinary Member    Associate Member    Charter Member    Fellow

**PAYMENT OF FEES**

*Entrance Fees, Subscriptions and Other Dues*

*Entrance Fee: USD50*

*Yearly Membership: USD20*

*Payment can be made via telegraphic transfer to the following bank account:*

Account name: Asianderm Limited

Bank name: The Bank of East Asia, Limited

Account no.: 015-248-10-400675-3

Branch: BEA Harbour View Centre Branch

Bank address: 1/F, Bank of East Asia Harbour View Centre, 56 Gloucester Road, Wanchai, HK

Swift code: BEASHKHH

*Please scan a copy of the telegraphic transfer and email to the secretariat.*

Signature

Date

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Acknowledgement: (AADV Official Use )