

Application for membership

After I have received and read the statutes of the European Hidradenitis Suppurativa Foundation e.V., being under full agreement with them and wishing to contribute towards the aims of the organization, I apply for a membership at the non-profit, public benefit organization European Hidradenitis Suppurativa Foundation e.V.

I accept that the annual membership fee will be proposed by the Board of the European Hidradenitis Suppurativa Foundation e.V. and confirmed by the General Assembly of the Organization.

Surname: First name:

Private address:

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Telefon/Fax

E-mail:

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Place, Date, Signature