



IABS Membership Application Form for Individuals

Family name:

First name(s):

Professional position:

Complete mailing address:

Tel:

Fax:

E-Mail:

Signature:

Date:

Name of Organization:

Affiliation: Academia Industry Government Other:

Expertise / Interest: Human biologicals
 Blood derivatives
 Biotherapeutics
 Veterinary biologicals
 Other

Annual dues for 2011:

Basic CHF 50

Basic plus a subscription to "Biologicals":

- CHF 188 Print only
- CHF 169 Electronic only
- CHF 197 Print + Electronic

Invoice requested:

Receipt requested:

Methods of payment:

By **Bank Transfer**, to UBS SA, P.O. Box 2600, CH-1211 Geneva 2, Switzerland

Account n° for CHF: IBAN CH55 0027 9279 C013 1652 0
for USD: IBAN CH98 0027 9279 C013 1652 2
for EUR: IBAN.CH39 0027 9279 HU12 2008 1
BIC/Swift: UBSWCHZH80A

By **Cheque**, made payable to IABS, for CHF/USD/EUR:

By Credit Card:

Attention: Credit card details should only be sent by fax, NOT by e-mail (Requirement from the Credit card companies). Please fax to +41 22 301 10 37

VISA MASTERCARD/EUROCARD

Card n°

Expiry date:

Cardholder (PRINT NAME):

Signature: _____



INTERNATIONAL ALLIANCE FOR BIOLOGICAL STANDARDIZATION