



IABS Membership Application Form for Organizations

Name of Organization:

Affiliation: [] Academia [] Industry [] Government [] Other:

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

Name of person responsible for application:

Signature: Date:

Name of Organization's Representative to IABS:

Professional position:

Complete mailing address of Organization's Representative:

Tel: Fax: E-Mail:

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