2020 Membership Application / Renewal Form

Individual

Last name: ___________________________________________
First name: __________________________________________
Mailing address: _______________________________________

Tel: _______ Fax: _______ E-Mail: _________________________

Signature: ____________________ Date: ________________

Name of Organization: _______________________________________
Position: ______________________________________________

Affiliation: □ Academia □ Industry □ Government □ Other

Expertise / Interest - Check all that apply:
□ Human biologicals □ Biotherapeutics
□ Cell & Gene Therapy □ Veterinary biologicals □ Other

Annual dues for 2020:

Basic Membership
□ EUR 177.00  □ USD 200.00

Support for IABS affiliates: please tick one of the following options
□ I would like to become a member of the European affiliate IABS-EU
□ I would like to become a member of a future IABS affiliate in North America / Asia
□ I am not interested in an IABS affiliate, present or future

Basic membership plus a subscription to “Biologicals”:
□ Print only EUR 290.00  USD 328.00
□ Electronic only EUR 286.00  USD 323.00
□ Print + Electronic EUR 308.00  USD 348.00

Student / Developing Countries Membership only
□ EUR 9.00 or USD 10.00

Basic plus a subscription to “Biologicals”:
□ Print only EUR 113.00  USD 128.00
□ Electronic only EUR 109.00  USD 123.00
□ Print + Electronic EUR 131.00  USD 148.00

Method of payment:
□ By Bank Transfer, to Banque Cantonale de Genève - Route de Chancy, 67 - CH 1213 Petit Lancy, Switzerland
Account N° USD: CH3200788000050661602
EUR: CH0500788000050661603
BIC/Swift: BCGECHGGXXX

□ By Cheque, made payable to IABS, for USD / EUR
□ By Credit Card:
□ VISA □ MASTERCARD □ AMERICAN EXPRESS

Credit Card N°: ____________________________ Expiry date: ____________________________
Cardholder (Print Name): ____________________________ Signature: ____________________________