



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: _____