2020 Membership Application / Renewal Form
Organizations

Name of Organization: ____________________________________________________________

Affiliation: □ Academia □ Industry □ Government □ Other:

Expertise / Interest: □ Human biologicals □ Blood derivatives □ Biotherapeutics
□ Cell & Gene Therapy □ Diagnostics □ Veterinary biologicals □ Other

Name and professional position of person responsible for application:
____________________________________________________________________________________________
____________________________________________________________________________________________

Note: the application must be made by the President or by member of the Board of the organization.

Name and professional position of Organization’s Representative to IABS:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Complete mailing address of Organization’s Representative:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Tel: __________________________ Fax: __________________________ E-Mail: __________________________

Signature: __________________________ Date: __________________________

In order to avoid a potential conflict of interest caused by the financial support in the form of membership fees from for-profit organizations, the General Assembly decided in 2012 to waive the membership fee for all organizations, both non-profit and for-profit. However, expenses for participating in IABS conferences including the registration fees are the responsibility of the organization. Please complete and return your application to: iabs@iabs.org. Thank You.