



2019 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 2019:

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 288.00 USD 326.00
[ ] Electronic only EUR 284.00 USD 321.00
[ ] Print + Electronic EUR 305.00 USD 345.00

Student / Developing Countries Membership only

[ ] EUR 9.00 or USD 10.00

Basic plus a subscription to "Biologicals:

- [ ] Print only EUR 121.00 USD 135.00
[ ] Electronic only EUR 117.00 USD 130.00
[ ] Print + Electronic EUR 138.00 USD 154.00

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: \_\_\_\_\_