



2019 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.