



Organization Membership Application

Name of Organization:

Affiliation: Academia Industry Government Other:

Expertise / Interest: Human biologicals
 Biotherapeutics
 Cell & Gene Therapy
 Veterinary biologicals

Name and professional position of person responsible for application:

Name and professional position of Organization's representative to IABS:

Complete mailing address of Organization's representative:

Tel :

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. .