INTERNATIONAL ALLIANCE FOR BIOLOGICAL STANDARDIZATION



## 2015 Membership Application / Renewal Form for Individuals

## IABS has decided to create affiliates. The first one is the European affiliate. We would like you to be aware of this new IABS initiative before completing the form below.

IABS has created a new European affiliate: IABS-EU. This affiliate will open the way for greater participation with EU partners in scientific activities. The objective of the Association IABS-EU is to support the mission and projects of the International Alliance for Biological Standardization and to enhance its image and develop its outreach within the European Union.

IABS-EU is officially recognized by French authorities as a nonprofit organization.

*Support for IABS affiliates*: please tick one of the options below as you complete the membership form. Thank you.

***************************************					
Last name:					
First name:					
Mailing address:					
-					
Tel:	Fax :	E-Mail:			
Signature:		Date:			
Name of Organizatio	n:				
Position:					
Affiliation:	Academia	Industry Govern	nment 🗌 Other		
Expertise / Interest - Check all that apply:		ly: 🗌 Human biologicals	Biotherapeutics		
		Cell & Gene Therapy	Veterinary biologicals Other		

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Annual dues for 2	<u>015:</u>			
Membership	oonly	□ EUR 100.00 □	USD 121.00	
Support for	IABS affiliates: J	please tick one of the follo	owing options	
	🗌 l would lil	ke to become a member o	of the European affiliate IABS-EU	
	🗌 l would lil	ke to become a member c	of a future IABS affiliate in North America /	Asia
	🗌 I am not i	nterested in an IABS affili	iate, present or future	
	Basic membe	ership plus a subscription	n to "Biologicals:	
	Print only	=> EUR 193.00; USD 234	l.00	
	Electronic	c only => EUR 184.00; US	D 223.00	
	Print + Ele	ectronic => EUR 206.00; L	JSD 250.00	
Student / Dev Membership	eloping Countrie o only	es	D 11.00	
E	Basic plus a sub	scription to "Biologicals:		
	Print only	/ => EUR 101.00; USD 124	1.00	
	Electronic	c only => EUR 92.00; USD	0 113.00	
	Print + Ele	ectronic => EUR 114.00; l	USD 140.00	
Invoice reque	sted:	Receipt requested:		
Method of paymer				
By Bank Transfer,	to UBS SA, P.C	D. Box 2600, CH-1211 Ge	neva 2, Switzerland	
Account N°	CHF:	IBAN CH55 0027 9279 C013 1652 0		
	USD: EUR:	IBAN CH98 0027 9279 IBAN.CH39 0027 9279		
BIC/Swift:	LOIN.	UBSWCHZH80A		
		for CHF / USD / EUR	By Credit Card:	
Attention: Credit card	details should o	only be sent by fax, NOT b	oy e-mail. Please fax to +41 22 301 10 37	
	VISA		D/EUROCARD	
Credit Card N°:		Expiry date:		
Cardholder (Print Name	):	Sign	nature:	

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