



Individual Membership Form 2010

To be sent to: **ISBT Central Office** c/o Jan van Goyenkade 11, NL-1075 HP Amsterdam, The Netherlands
Tel: +31 (0)20 570 96 36, Fax: +31 (0)20 673 73 06, E-mail: membership@isbt-web.org

PERSONAL DATA *

Family name _____ Initials _____ Mr. / Ms. / Mrs.
First name _____ Title(s) _____ Dr. / MD / etc.
Age range ☐ Under 25 ☐ 26 – 35 ☐ 36 – 45 ☐ 46 – 55 ☐ 56 – 65 ☐ 66 – 75 ☐ above 75
Institute / Company _____
Department _____
Address _____
Postal code and City _____ Country _____
Telephone _____ E-mail _____

INSTITUTION

Code: _____ (State one)
(please refer to appendix I)

SPECIALITY

Code: _____ (State one)
(please refer to appendix II)

POSITION

Code: _____ (State one)
(please refer to appendix III)

APPENDIX I

INSTITUTION	CODE
Blood Group Reference Laboratory	60
Blood Service / Centre	55
General / University Hospital	50
Institute of Health - Ministry Of Health	51
National Blood Institution	57
NGO	53
Plasma Fractionation	58
Private Company	65
Research Center	52
Retired	80
School of Medicine or Technology	64
Other	66

APPENDIX II

SPECIALITY	CODE
Anaesthesia	10
Apheresis	37
Clinical Transfusion	16
Continuing Education	17
Donor Care	11
Donor Organization	18
Donor Recruitment	42
Forensic Medicine	27
Haemostasis	19
Histocompatibility	22
Immunogenetics	25
Immunohematology	24
Immunology	23
Information Technology	39
(Internal) Medicine	26
Management / Administration	28
Oncology	31
Pediatrics	32
Pharmacology	36
Quality Management	35
Retired	38
Surgery	34
Transfusion Specialist Nurse	15
Transfusion Transmitted Diseases	21
Other	41

APPENDIX III

POSITION	CODE
Chief Executive Director /	
Executive Director	101
Commercial Consultant	10
Director / Manager / Supervisor –	
Blood service	79
Director / Manager / Supervisor –	
Hospital	80
Internist / Physician	86
Medical Director	81
Nurse	91
Production Manager	96
Professor	92
Research Fellow	88
Retired	107
Scientific Director	82
Scientist	83
Student	95
Technologist / Technician	87
Other	105

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION
SOCIÉTÉ INTERNATIONALE DE TRANSFUSION SANGUINE



Family name _____

INDIVIDUAL MEMBERSHIP FEE 2010* (including Vox Sanguinis, Transfusion Today, reduced fee for congresses, access to the ISBT membership website, access to the ISBT working parties and standing committees documentation, ISBT academy etc...)

	Up to 69 years	70 years and over
<input type="checkbox"/> Very High / High Human Development countries:	€ 103,-	€ 93,-
<input type="checkbox"/> Medium Human Development countries:	€ 77,-	€ 70,-
<input type="checkbox"/> Low Human Development countries:	€ 51,-	€ 46,-

* Please tick the appropriate box

Please visit the ISBT website for the HDI rankings

PAYMENT

Undersigned declares to pay the total amount due in Euro's with the following means of payment:

☐ **Bank transfer:**

Please transfer payment to ABN AMRO, 57.48.05.842, to ISBT Central Office Amsterdam, The Netherlands.

The BIC code of the bank is ABNA NL 2A. The IBAN Code is NL45ABNA0574805842. **Clearly state your name.**

☐ **Credit card:**

☐ Euro/Master/Access card

☐ American Express

☐ Visa

Charge my card nr:

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CVC number:

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(Last 3 digits on the reverse side of the card and for American Express the 4 digits on the front side of the card)

Expiration date:

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Signature: _____

Date: _____
day month year

Please note:

1. Only the forms of payment listed above are acceptable.
2. When your name is NOT clearly stated on the bank transfer, your payment cannot be linked.
Consequently, your payment will be unknown to the ISBT Central Office.

PLEASE DO NOT FORGET TO COMPLETE BOTH SIDES OF THE REGISTRATION FORM!