



ISNS MEMBERSHIP APPLICATION/RENEWAL FORM 2017-2018-2019

(please type or print clearly !!)

Name :Ac.Degree:.....

Address :
.....
.....

Town :Postal Code:.....

Country :

Phone :

Email :

Dues:

➔ dues 2017 € 35,- ; dues 2017+2018 € 67,- ; dues 2017+2018+2019 € 95,-
please check **one** box

Payment options (choose one)

1. **Online using VISA card or Mastercard.** After having supplied your personal data via this form or the online registration page (www.isns-neoscreening.org) you will receive an email with further instructions.

2. **Bank transfer** of the above total amount to “International Society for Neonatal Screening”,
c/o Rabobank, P.O.Box 82, 3700AB ZEIST, the Netherlands

Bank	IBAN	SWIFT code	Account number
Rabobank De Bilt	NL94RABO 0378310003	RABONL 2 U	37 83 10 003

All bank transfer costs are to be paid by the member. Make sure to indicate your name and address on the bank transfer.

Note: due to unreasonable costs cheques are NOT accepted

➔ **Please return this form to**
1. as pdf attached to an email to gerard.loeber@gmail.com
2. by surface mail to Dr. J.G. Loeber, ISNS-office, Burg.Fabiuspark 55, 3721CK BILTHOVEN,
the Netherlands