



## ISNS MEMBERSHIP APPLICATION/RENEWAL FORM 2023-2024-2025

(please type or print clearly !!)

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Family Name : .....Ac.Degree:.....

First Name : .....

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

Town : .....Postal Code:.....

Country : .....

Phone : .....

Email : .....

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Dues:

➔  dues 2023 € 35,-- ;  dues 2023+2024 € 67, -- ;  dues 2023+2024+2025 € 95,--  
please check **one** box

(Note: members residing in a low-middle income country (World Bank) are entitled to a discount.

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](http://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 Rijn/Heuvelrug	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**

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➔ Please return this form to

1. as pdf attached to an email to [office-manager@isns-neoscreening.org](mailto:office-manager@isns-neoscreening.org)

2. by surface mail to Dr. J.G. Loeber, ISNS-office, Burg.Fabiuspark 55, 3721CK BILTHOVEN,  
the Netherlands