



## ISNS MEMBERSHIP APPLICATION/RENEWAL FORM 2024-2025-2026

(please type or print clearly !!)

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

First Name : .....

Address : .....

.....

.....

.....

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

Country : .....

Phone : .....

Email : .....

Dues:

➔  dues 2024 € 35,- ;  dues 2024+2025 € 67, -- ;  dues 2024+2025+2026 € 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**

➔ 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