



## ISNS MEMBERSHIP APPLICATION/RENEWAL FORM 2010

Name : .....Ac.Degree:.....  
 Address : .....  
 .....  
 .....  
 Town : .....Postal Code:.....  
 Country : .....  
 Phone : .....  
 Fax : .....  
 Email : .....

Dues:

➔  dues 2010 € 35,- ;  dues 2010+2011 € 67, -- ;  dues 2010+2011+2012 € 95,-  
 please check **one** box

Payment options (choose one)

1. **VISA card**  / **Master card**  (select one) Name on Card: .....  
 Number:

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Expiry date (mm/yy)

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Security number (last 3-digits on back of card)

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2. **Bank transfer** of the above total amount to “International Society for Neonatal Screening”,  
 c/o Rabobank, P.O.Box 9, 3730AA DE BILT, 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.

3. **Western Union transfer** , of the above total amount to “International Society for Neonatal Screening”,  
 Burg.Fabiuspark 55, 3721 CK BILTHOVEN, The Netherlands  
 see [www.westernunion.com](http://www.westernunion.com) for more information.

**Note: due to unreasonable costs cheques are NO LONGER accepted**

➔ **Please return this form to**  
**Dr. J.G. Loeber, ISNS-membership registration, Burg.Fabiuspark 55, 3721CK BILTHOVEN,**  
**The Netherlands**

**or by fax +31 30 274 4418 (secure line)**