

## INTERNATIONAL SOCIETY FOR APHERESIS Application for Membership Renewal for 2023

## ISFA ACCOUNT INFORMATION

** <b>Fields are</b> Necessary. P	Please update your a	account info i	f any changes
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	ISFA NO.	
	**Name	
	**Email	
	**Title	
	Department	
	Institution	
	Street	
	City	
	Zip	
	Country	
	Fax	
	Comment	
ISFA CHAR	GE AUTHORIZAT	ΓΙΟΝ
	r membership.	
_	•	ar Membership: Doctors / (US\$ 75) Associate Membership: Co-medicals
O.	ur Official Journal	Is shall be distributed online only.
<u>Method</u>	of payment:	
☐ Cred	dit Card on-line	https://www.e-isfa.org/
Δ	After you link your c	redit card with your PayPal account, you can pay your annual due with your credit
С	ard immediately and	d securely in just a few clicks without sharing your financial information.
	•	ebsite and make your payment through <b>Paypal with your credit card.</b>
	=	ril or Fax Please return this appliction form to ISFA.
<del></del>		• •

□ Credit	Card on-line —	<b></b>	https://www.e-	isfa.org/			
Aft	er you link your credit o	ard with yo	our PayPal acc	ount, you can	pay your annual	due with yοι	ır credi
car	d immediately and secu	ırely in just	a few clicks w	ithout sharing	your financial in	formation.	
Ple	ase log in ISFA website a	ind make yo	our payment thro	ough <b>Paypal w</b>	ith your credit ca	r <b>d</b> .	
□ Credit	t Card via e-mail or F	ax	→ Please return	n this appliction t	form to ISFA.		
Car	d Number			VISA	MasterCard	AMEX	JCB
Exp	iration Date						
Mo	onth∕ Year	1	Card	l user's Name			
- 1	I agree to th	ne payme	nt of the cre	dit card.			
□ Bank	Transfer	<b></b>	Please ret	urn this applicati	on form to ISFA.		
●Ba	ank Transfer should be made	e to:					
	Name of Bank:	MUFG	Bank, Ltd. JA	PAN, KUSAT	SU Branch		
	Name of account:	ISFA Y	⁄oshihiro Endo				
	Account Number:	46066	15				

\*We are very sorry that checks are not available.

## **UNFINISHED PAYMENT**

If you wish to make a payment of a past unpaid fee, please check and return this application form.

**BOTKJPJT** 

Saving

US\$ ) unpaid membership fee for the year 2020 2021 202

Paypal transfer: Please check if you need invoice to make a Paypal transfer.

Credit cardBank transfer

SWIFT (Routing) Code:

Account Type:

Bank transfer All Clear

Please note that the ISFA does not take any responsibility for accidental "leaking" of important information (ex. Credit Card, etc.), if this form is returned by E-mail. Safe transmission by E-mail is at your own risk.

ISFA membership runs within the calendar year from January 1 - December 31.

ISFA headquarters: isfa@belle.shiga-med.ac.jp

FAX: +81-77-548-2848