INTERNATIONAL SOCIETY FOR APHERESIS
Application for Membership Renewal for 2024

ISFA ACCOUNT INFORMATION

**Fields are Necessary. Please update your account info if any changes.

ISFA No.	
**Name	
**Email	
**Title	
Department	
Institution	
Street	
City	
Zip	
Country	
Fax	
Comment	

ISFA CHARGE AUTHORIZATION

Select your membership. Regular $150

(US$ 150) Regular Membership**: Doctors** / **(US$ 75) Associate** Membership: **Co-medicals**

Our Official Journals shall be distributed online only.

Method of payment:

◉ **Credit Card on-line** → https://www.e-isfa.org/

After you link your credit card with your PayPal account, you can pay your annual due with your credit card immediately and securely in just a few clicks without sharing your financial information.

Please log in ISFA website and make your payment through **Paypal with your credit card.**

○ **Bank Transfer** → Please return this application form to ISFA.

●Bank Transfer should be made to:

Name of Bank:	THE SHIGA BANK, Ltd. JAPAN, Setaekimae Branch
Name of account:	International Society For Apheresis, Japan
Account Number:	190-766377
SWIFT (Routing) Code:	SIGAJPJT
Account Type:	Saving

＊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.

☐ **(US$** unpaid membership fee **for the year** ☐ **2021** ☐ **2022** ☐ **2023**

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

○ **Credit card Bank transfer**

○ **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