

## INTERNATIONAL SOCIETY FOR APHERESIS Application for Membership Renewal for 2024

## **ISFA ACCOUNT INFORMATION**

ISFA No.

** <b>Fields are</b> Necessary. F	Please update	your account info if any	/ changes.
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	^^Name				
	**Email				
	**Title				
	Department				
	Institution				
	Street				
	City				
	Zip Country				
	Fax				
	Comment				
	Comment				
FA CHAR	RGE AUTHORIZATION				
	ur membership.				
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	(US\$ 150) Regular Memb	•	,	SSOCIALE Membersh	p: <b>Co-medicais</b>
	Our Official Journals shall	be distribu	ted online only.		
<u>Inquiry</u>	<u>:</u>				
Cre	edit Card on-line —	http:	s://www.e-isfa.org/		
	After you link your credit car	d with vour P	avPal account. vou ca	n pav vour annual du	e with vour credit
	card immediately and secure	-			•
	•	-			
	Please log in ISFA website and	ı make your pa	ayment through Paypai	with your credit card.	
	ank Transfer ——	→ Please	notify us of your bank trans	sfer payment by sending t	nis form to ISFA HQ.
	Bank Transfer should be made to	<b>)</b> :			
	Name of Bank:	THE SHIG	A BANK, Ltd. JAPAN,	Setaekimae Branch	
	Name of account:		al Society For Aphere		
			•	•	
	SWIFT (Routing) Code:	SIGAJPJT	Account No. 190-76637	′ /	
	Account Type:	Saving			
☐ Se	end INVOICE to ( em	ail	)		
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□ 60	nd amail with aradit aard r	oov link to (	email	1	
_ 56	nd email with credit card p	ay-iiik to (	Giliali	)	
☐ Un	finished Payment				
	If you wish to make a pa	yment of a pa	ast unpaid fee, please	check and return this	application form.
	☐ (US\$ amount ) un	paid members	ship fee for the year( ye	ear )	
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	•			D - D - I O - I'I I	
		_	need invoice to make a	a PayPai or Credit card	payment, and we
	will se	าd you an ema	ail with payment link.		
	☐Bank transfer				
	Please	make a bank	transfer arrangement to	the bank account abov	e.
le are ve	ry sorry that checks are		=		
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