



# INTERNATIONAL SOCIETY FOR APHERESIS Application for Membership Renewal for 2019

## ISFA ACCOUNT

ISFA No. .... (if you know)

Name ..... Degree(s) .....

Title  Prof.  Dr.  Mr.  Ms.  Other ( ..... ) .....

Company/Institution .....

Department .....

Mailing address ..... Check preferred mailing address : Home  Business

Street .....

City ..... Zip ..... Country .....

Fax No. ....

E-mail Address .....

## ISFA CHARGE AUTHORIZATION FORM

- (US\$ 150) Regular Membership for 2019: with Journal
- (US\$ 75) Associate Membership for 2019: Students and Co-medicals only, without Journal

### Method of payment:

- Through ISFA web site** → You don't have to return this application form to ISFA.  
On ISFA website (<https://www.e-isfa.org/>), you can make your payment through **PayPal service**.  
Please log in ISFA website and please make your payment through **Paypal**.
- Credit Card** → Please return this application form to ISFA.
- Card Number .....  VISA  MasterCard  AMEX  JCB
- Expiration Date  
Month ..... / Year ..... Card user's Name .....

**I agree to the payment of the credit card.**

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

•Bank Transfer should be made to:

Name of Bank: MUFG Bank, Ltd. JAPAN, KUSATSU Branch

Name of account: ISFA Yoshihiro Endo

Account Number: 4606615

SWIFT (Routing) Code: BOTKJPJT

Account Type: Saving

## 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 ( ..... )
- Paypal transfer**: Please check if you need invoice to make a **Paypal transfer**.
- Credit card**
- Bank transfer**

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.

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