



## Membership Application

**\*\*required fields**

<b>**First Name:</b>	
<b>Initial or middle name:</b>	
<b>**Last Name:</b>	
<b>**Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>**Title:</b>	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr <input type="checkbox"/> Prof.
<b>**E-Mail:</b>	
<b>Organization Address</b>	
<b>Organization:</b>	
<b>Department:</b>	
<b>**Address:</b>	
<b>**City:</b>	
<b>State/Prov:</b>	
<b>**ZIP or Postal Code:</b>	
<b>**Country:</b>	
<b>**Phone:</b>	
<b>Fax:</b>	
<b>Mailing Address (if different)</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State/Prov:</b>	
<b>ZIP or Postal Code:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Please select membership type:</b>	
<input type="checkbox"/> Student €20 <input type="checkbox"/> Associate €70 <input type="checkbox"/> Collective €5.500	
Upon receipt of your application, ISABS will send you e-mail verifying the membership type for which you are applying and confirming your new <b>Applicant</b> status. Membership Committee will review your application and within a month you will be notified of the outcome. Your status remains <b>Applicant</b> until you are notified of the official committee approval. If your application is approved, you will receive an invoice for your annual dues along with your notification of approval. <b>Your membership is activated upon receipt of your dues payment.</b>	
<b>Student Information:</b>	
Please provide following information <b>ONLY</b> if you are applying for student membership. All fields are required.	
<b>**Check your student status:</b>	<input type="checkbox"/> Postdoctoral Certification <input type="checkbox"/> Residency Certification <input type="checkbox"/> Graduate Student Certification
<b>**Advisor's name:</b>	
<b>**Advisor's e-mail:</b>	
<b>**To certify student/fellow status, please provide a copy of a Student's ID or a confirmation signed by your advisor/the head of department by e-mail to <a href="mailto:info@isabs.hr">info@isabs.hr</a> or by fax to +385 1 235 2619.</b>	
<b>PAYMENT INFORMATION</b>	
Payment should be made to the ISABS account at Privredna banka Zagreb: Account No.: 703000-008981 IBAN HR942340009-1110157135 Swift code: PBZGHR2X (Att. ISABS membership)	
Payment can also be made in Croatian kuna, at the medium exchange rate of Croatian National Bank. Giro Account No: 2340009-1110157135 (Att. ISABS membership)	
<b>Copies of the bank transfer should be e-mailed to <a href="mailto:info@isabs.hr">info@isabs.hr</a> or faxed to +385 1 235 2619.</b>	