**INTERNATIONAL SERUM INDUSTRY ASSOCIATION**

**MEMBERSHIP APPLICATION**

**APPLICANT COMPANY INFORMATION**

|  |  |
| --- | --- |
| NAME | Click here to enter text. |
| STREET | Click here to enter text. |
| CITY | Click here to enter text. |
| STATE | Click here to enter text. |
| ZIP | Click here to enter text. |
| COUNTRY | Click here to enter text. |
| WEBSITE | Click here to enter text. |
| NATURE OF THE APPLICANT’S BUSINESS  | Click here to enter text. |

 **PRIMARY CONTACT INFORMATION**

|  |  |
| --- | --- |
| NAME | Click here to enter text. |
| STREET | Click here to enter text. |
| CITY | Click here to enter text. |
| STATE | Click here to enter text. |
| ZIP | Click here to enter text. |
| COUNTRY | Click here to enter text. |
| EMAIL ADDRESS | Click here to enter text. |
| TELEPHONE NUMBER | Click here to enter text. |

**ALTERNATE CONTACT INFORMATION**

|  |  |
| --- | --- |
| NAME | Click here to enter text. |
| STREET | Click here to enter text. |
| CITY | Click here to enter text. |
| STATE | Click here to enter text. |
| ZIP | Click here to enter text. |
| COUNTRY | Click here to enter text. |
| EMAIL ADDRESS | Click here to enter text. |
| TELEPHONE NUMBER | Click here to enter text. |
|  |  |
| EMAIL ADDRESS & CONTACT FOR ANNUAL INVOICE | Click here to enter text. |
| **By Checking this Box we EXPRESSLY AGREE designated company employees can receive ALL communications from ISIA.**  | [ ]  AGREE  |

**MEMBERSHIP REQUEST:** **[ ]  Regular (voting)** **[ ]  Associate (non-voting)**

**After completing the application - print, sign and EMAIL TO THE FOLLOWING: julia@serumindustry.org**

**Membership Fees: Regular Members - See ISIA Membership Dues Structure**

 **Associate Members - US$4850.00 per year**

**Agreement:**

By submitting this Application to the International Serum Industry Association, the applicant acknowledges that it has read and understood, and agrees to fully support and abide by, all of the principles, policies and procedures as set forth in the International Serum Industry Association Bylaws, Antitrust Guidelines and other policies and guidelines as may be adopted from time to time during the term of its membership. The applicant also agrees to promptly pay, when due, all applicable membership dues and charges, all as may be in effect from time to time during the term of its membership.

The applicant also acknowledges and agrees that submittal of its Application to the International Serum Industry Association does not constitute acceptance of such Application. Notice regarding membership acceptance may only be evidenced by written confirmation to the applicant. The ISIA Dues Data request and Code of Ethics will be sent with the acceptance notice. This combined form must be signed and submitted to the ISIA accountants who will invoice the approved member.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_