

ISOPP Membership Form and/or Invoice for 2009

Please fill out all sections *(If hand writing please print clearly)*

Last Name:	First Name:	Title:
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Preferred mailing address: This is my: **work address** **private address** *(please tick)*

Institution/Organization <i>(Only complete if work address used)</i>		Department
Street	P.O. Box <i>(if any)</i>	Postal Code
City/Town	State/Province	Country
Phone <i>(Country-Area-Number-Ext.)</i>	Fax <i>(Country-Area-Number-Ext.)</i>	E-Mail address <i>(Mandatory)</i>

Occupation: I am: a Pharmacist ; a Pharmacy Technician ; Other *(specify)* _____

Employment Position: _____

Annual Membership Fees to be paid by 01 March, 2009

Full member (please tick the fee relevant to your salary, in the table below)

If you do not choose the band > 6000 you may be asked to verify your salary

Before tax salary per month (Euros)	Yearly ISOPP fee (Euros)	Tick your salary banded fee
0 – 2,000	30	<input type="checkbox"/>
2,000 – 4,000	55	<input type="checkbox"/>
4,000 – 6,000	75	<input type="checkbox"/>
>6,000	95	<input type="checkbox"/>

I also wish to sponsor _____ pharmacist(s) in the lowest salary band

Payment method of total amount : \$ _____

by Cheque in Euro drawn on a German bank account. Cheque-No.: _____

Bank transfer in Euros to Deutsche Apotheker- und Ärztebank, Germany
BLZ 200 906 02 and account number 0005491738 **(for German members only)**

Bank transfer in Euros to Deutsche Apotheker- und Ärztebank, Germany **BIC/Swift Code DAAEDED**
IBAN: DE 85 3006 0601 0005 4917 38 (non-German European members only)

Credit Card (only in Euros) VISA/DINERS AMEX MASTERCARD

Number	<input style="width: 95%;" type="text"/>	Exp.date:	<input style="width: 95%;" type="text"/>
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Name on card: _____ Signature: _____ Date: / /

Members List

On the ISOPP website, a list of ISOPP Members (available ONLY to other Members) is available to allow contact between members. Do you give permission to use your name & address on lists for other ISOPP approved purposes Yes No

The membership year is January 1st to December 31st.

New members, your membership will start **on receipt of fees payment.**

Send Membership Application and Fees to ISOPP Membership at your CMC International Office

Petra Janssen, ConEvent GmbH E-mail: pjanssen@conevent.de Cuxhavener Strasse 36 21149 Hamburg, Germany Fax: *49 40 7914 3601 Tel: *49 40 790 3356	or	Helen McKinnon E-mail: helenm@internet.co.nz 52 Hall Road RD2, Hamilton 3282, New Zealand Fax: *64 7 843 7730 Tel: *64 7 843 7937
	or	Ross Davidson E-mail: isopp@syntaxcomm.com 305 West Country Drive Duluth, Georgia 30097-5906, USA Fax: 1-678-584-9661 Tel: 1-678-584-9503