



# ispd

## 2012 Membership Application

154 Hansen Rd., Suite 201, Charlottesville, VA 22911 USA  
 Telephone: +1 434.979.4773 Facsimile: +1 434.977.1856  
 E-Mail: info@ispdhome.org Website: www.ispdhome.org

Name:  Dr  Ms  Mr  Prof \_\_\_\_\_  
 (First) (Middle Initial) (Last) (Degree)

Title \_\_\_\_\_

Organization (Required) \_\_\_\_\_

Department or Division \_\_\_\_\_

Street \_\_\_\_\_

City, State/Prov. \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail (Required) \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Home Address  Office Address

**Member Communications** ISPD sends member information via e-mail.  
 If you do not wish to be contacted, check here.  
 DO NOT e-mail me.  DO NOT fax me.

### ISPD Membership Fees

	ISPD Membership including ONLINE Prenatal Diagnosis journal	ISPD Membership including ONLINE and optional HARD COPY Prenatal Diagnosis journal
1 Year (1 Jan - 31 Dec 2012)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$325
2 Years (1 Jan 2012 - 31 Dec 2013)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$650
Student Membership* (1 year, 1 Jan - 31 Dec 2012)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$175

\*A letter from an academic advisor/department chair is REQUIRED for a student membership.  
 See [www.ispdhome.org](http://www.ispdhome.org) for a student letter template.

### Special Contribution

I wish to make an additional charitable Special Contribution to fund ISPD programs.

Special Contribution Amount US \$ \_\_\_\_\_

### Additional Information

TOTAL PAYMENT (dues, subscription, contribution) US \$ \_\_\_\_\_

How did you hear about ISPD? \_\_\_\_\_

Memberships in other related societies \_\_\_\_\_

**Areas of Interest** Please select the area(s) of your interest.

Amniocentesis  Aneuploidy  Array CGH  
 CVS  Cytogenetics  DNA Diagnosis  
 Ethics  Fetal Cells/Nucleic Acids in Maternal Blood  
 Fetal Therapy  Invasive Techniques  Molecular Genetics  
 PGD  Public Policy/International Issues  
 Serum Screening  Ultrasound/Imaging  Other  
 If Other, please specify \_\_\_\_\_

**Special Interest Groups** Please select the SIG(s) below you wish to join.

Fetal Therapy  
 Fetal Ultrasound  
 Invasive Procedures  
 Laboratory Techniques  
 Prenatal Maternal Screening

### Method of Payment

Enclosed is my check payable to ISPD. Check # \_\_\_\_\_

Remittance must be drawn on a U.S. bank or be an international money order in U.S. Dollars. A \$25.00 surcharge may be assessed to cover collection fees.

Charge to the following credit card (check one):  Master Card  Visa  American Express

Cardholder Name as it Appears on Card (Please print.) \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Please include postal code. \_\_\_\_\_

Cardholder E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CV2 Code\* \_\_\_\_\_

\*3 or 4 digit code located on back of VISA, MasterCard, on front of American Express.