



Application for Membership

Please complete and return this form to:

ISI Permanent Office
 P.O. Box 24070
 2490 AB The Hague
 The Netherlands

Tel: +31-70-337 5737
 Fax: +31-70-386 0025
 Email: mmly@cbs.nl
 URL: <http://isi.cbs.nl/>

Name First: _____ Last: _____ Female Male

Address _____

 _____ City: _____
 State: _____ Country: _____ Postcode: _____

Contact Details Tel: _____ Fax: _____ Email: _____

Mailing Address _____
 _____ City: _____
 (if different from above) State: _____ Country: _____ Postcode: _____

Occupation: _____ **Nationality:** _____

Areas of interest: _____

ISBIS Annual Fees (please check appropriate boxes):

Currently not an ISI Member

ISBIS membership

- | | | |
|--------------------------|--|------|
| <input type="checkbox"/> | Regular membership: Developed country..... | € 40 |
| <input type="checkbox"/> | Regular membership: Less Developed Country | € 25 |
| <input type="checkbox"/> | y-BIS membership: Developed country | € 25 |
| <input type="checkbox"/> | y-BIS membership: Less Developed Country | € 10 |
| <input type="checkbox"/> | Student membership (full-time student) | € 0 |

Subscription to *International Statistical Review*

- | | | |
|--------------------------|--|------|
| <input type="checkbox"/> | Electronic only | € 11 |
| <input type="checkbox"/> | Electronic and Hard Copy: Developed Country..... | € 27 |
| <input type="checkbox"/> | Electronic and Hard Copy: Less Developed Country | € 14 |

Currently an ISI Member

- | | | |
|--------------------------|--|------------|
| <input type="checkbox"/> | ISBIS membership as the first Section membership (complimentary)..... | € 0 |
| <input type="checkbox"/> | ISBIS membership as additional Section membership | |
| | Regular membership: Developed Country..... | € 17 |
| | Regular membership: Less Developed Country | € 9 |

TOTAL DUE

Payment options:

Please bill me for € _____

or

I enclose a cheque (Euros only) for € _____ payable to the ISI

or

Please charge my Euro/Master Card Visa Card for the total of € _____

Card number _____ Expiry date ____ / ____ security code _____
 (month/year)

Signature _____ **Date** _____