

Be part of ISQua in 2010 Membership Application Form



This form can be printed and then sent to ISQua by fax or post with payment details.
For secure online application or renewal of membership with credit card payment facilities, use the online form at www.isqua.org

INDIVIDUAL MEMBERSHIP

Name of Applicant: _____
 Address: _____

 Postcode: _____
 Tel: _____ Fax: _____
 Email: _____
 Name of Organisation: _____

 Position in Organisation: _____
 Qualifications: _____
 Work Interests: _____

I hereby apply for Individual Membership of the International Society for Quality in Health Care and agree to be bound by its memorandum of Association. The ISQua Journal is provided to individual Members for their personal use only and will not be made available for general distribution nor lodged in any library.

Signature: _____

Payment by credit card is preferred
See ISQua's website Membership Section for online payments

Individual: €200 Euros

Institutional: €1000 Euros

...or contact ISQua for details of its Affiliated Member programme for associations and societies.

Credit Card payments are collected in Euros.

Payment by Credit Card

Type of Card: _____
 Cardholder's Name: _____

INSTITUTIONAL MEMBERSHIP

Name of Organisation: _____
 Address: _____

 Postcode: _____
 Tel: _____ Fax: _____
 Email: _____
 Name of Representative: _____

 Position in Organisation: _____
 Qualifications: _____
 Work Interests: _____

On behalf of the above named Organisation/Institution I hereby apply for Institutional Membership of the International Society for Quality in Health Care and agree to be bound by its Memorandum of Association.

Signature: _____

Indicate here if paying by cheque

Contact ISQua if bank transfer details are required

Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Total Amount EURO: € _____

Send your completed membership application and payment to:

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 Telephone: +353 1 8717049 Fax: +353 1 8783845 Email: isqua@isqua.org

Company number: 461093