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:
State: ____________________________ Country: ____________________________ Postcode: __________

Areas of interest: ____________________________

ISBIS Annual Fees (please check appropriate boxes):

Currently not an ISI Member

ISBIS membership
☐ Regular membership: Developed country ................................................ € 25
☐ Regular membership: Less Developed Country ........................................ € 15
☐ y-BIS membership: Developed country ................................................... € 15
☐ y-BIS membership: Less Developed Country .......................................... € 8
☐ Student membership (full-time student) ................................................... € 0

Subscription to International Statistical Review
☐ Electronic only € 11
☐ Electronic and Hard Copy: Developed Country ...................................... € 27
☐ Electronic and Hard Copy: Less Developed Country ............................... € 14

Currently an ISI Member
☐ ISBIS membership as one ‘complimentary’ Section membership € 0
☐ 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 __ / ______ 3-digit security code ___________
(month/year) (on ’signature strip’ on back of card)

Signature ____________________________ Date __________