

**MEMBERSHIP RENEWAL**

Please return form to:

**ISAG** 1800 S. Oak Stree, Suite 100, Champaign, IL 61820-6974

Fax (217) 398-4119

# 2021 ISAG Application for Membership and Membership Renewal Form

**Contact Information (please print)**

NAME	MEMBER ID
COMPANY / INSTITUTION	
MAILING ADDRESS (including country)	
EMAIL	
PHONE (     )	FAX (     )
Do you wish for your contact and demographic information to be shared publically on the ISAG website? YES NO	

**SELECT MEMBERSHIP TYPE**

	1 year	2 year
<b>Individual</b>	\$50 <input type="checkbox"/>	\$90 <input type="checkbox"/>
<b>Institutional</b>	\$500 <input type="checkbox"/>	\$900 <input type="checkbox"/>

ISAG Privacy Statement (required): \_\_\_ I agree to the ISAG privacy statement available at  
<<https://www.isag.us/privacy-statement.asp>>

**DEMOGRAPHIC INFORMATION (please check all that apply)**

<b><u>Job Function</u></b> <input type="checkbox"/> Research <input type="checkbox"/> Service <input type="checkbox"/> Technical Development	<b><u>Species</u></b> <input type="checkbox"/> Aquaculture <input type="checkbox"/> Cattle <input type="checkbox"/> Companion Animal <input type="checkbox"/> Horse <input type="checkbox"/> Pigs <input type="checkbox"/> Poultry <input type="checkbox"/> Sheep/Goat <input type="checkbox"/> Other
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**Three Payment Methods:**

**1. Credit Card (circle one):** VISA MasterCard American Express Discover (Please note: If you pay by credit card, the charge will appear as "FASS" on your statement)

CC # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Total to Charge \_\_\_\_\_

**NEW!** For members paying by check, wire transfer or print and fax, create a customized invoice at: <http://www.isag.us/renewal-invoice.asp>.

**2. Electronic Wire Transfer:** Please note that the payee will be responsible for any bank fees incurred paying via electronic wire transfer. Please see page 2 for wire transfer instructions. Phone: (217) 356-3182 ext. 138; Fax: (217) 398-4119; Email: [isag@assochn.org](mailto:isag@assochn.org). We must be notified of any payment by wire transfer. Please e-mail or fax to us a copy of the original proof of transfer from your bank noting the ID number, date of transaction and total amount.

**3. Personal/Company Check:** Please make check payable to ISAG, in US dollars, drawn on a US bank, and mail check and a copy of this form to ISAG, 1800 South Oak Street Suite 100, Champaign, IL 61820 USA

**Note:** The International Society for Animal Genetics (ISAG) is officially registered in the Netherlands. ISAG's registration number in the Chamber of Commerce is 30235351. In accordance with the laws of the Netherlands, ISAG is not registered as an organization with VAT obligations; therefore, no VAT number is available

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**WIRE TRANSFER INSTRUCTIONS**

1. **IMPORTANT:** We must be notified of any payment by wire transfer. Please e-mail or fax to us a copy of the original proof of transfer from your bank noting the ID number, the date of transaction and the total amount.
2. Please include **ID number** (found on your renewal form and/or invoice), **name of institution or individual member**, and the word "**ISAG**" on all wire transfers so that your payment is credited correctly.
3. **A mandatory \$30 wire fee** must be added to your membership total to cover the cost of the wire service fee. *(If you are paying by credit card, please disregard the wire fee.)*

**Bank Info:** please contact [isag@assochq.org](mailto:isag@assochq.org) for bank information

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***We encourage all of our members to pay with a credit card.  
It is green, fast, safe, and eliminates extra costs.***