



Dr Erica Wood (AUS), president  
Ms Arlinke Bokhorst (NL), treasurer  
Dr Paula Bolton-Maggs (UK), secretary  
Dr Martin Schipperus (NL)  
Dr Kevin Land (USA)  
Dr Peter Tomasulo (USA)  
Dr Pierre Tiberghien (France)  
Dr Akanksha Bisht (India)

**IHN Country Membership application form**    Date of application: .....

<b>Contact details</b>	
Title (s)	_____
Family name	_____
First name	_____
Position or function	_____
Organisation	_____
Address	_____
Postal code and City	_____
Country	_____
Phone – mobile	_____
Phone – office	_____
Fax	_____
E-mail	_____
Website	_____
<b>Country/region</b>	
Population	_____
Annual whole blood donations	_____
<b>Your haemovigilance system</b>	
Voluntary or mandatory participation?	_____
Collects all events or only serious events?	_____
If not nationwide, % of national coverage:	_____
<b>COMMENTS and ADDITIONAL INFORMATION:</b>	

**PLEASE COMPLETE BOTH SIDES OF THE REGISTRATION FORM**

**THIS SECTION IS FOR INFORMATION ONLY**

*Membership fees are calculated annually by the Treasurer who sends an invoice to the members.*

**Fees**

The fee is composed of two parts:

1. **Fixed** amount: 20% of the total IHN annual budget split among members
2. **Variable** amount: 80% of the total budget split proportionally to the number of whole blood donations in an IHN member country:

- category I: < 100.000 WB donations
- category II: < 250.000 WB donations
- category III: < 500.000 WB donations
- category IV: < 1.000.000 WB donations
- category V: > 1.000.000 WB donations

Variable part based on WB donations per year is as follows:

- category I: = 1+0 = 1,0
- category II: = 1+2,5 = 3,5
- category III: = 1+5,0 = 6,0
- category IV: = 1+7,5 = 8,5
- category V: = 1+10 = 11,0

Lower fees are possible for candidate member countries whose UNDC quote is under 100: an amount of 100 € a year for a maximum of 5 years can be applied. This is determined by the IHN Board.

**Payment is in Euros, by:**

- **Bank transfer (preferred – to avoid incurring transfer costs for the IHN)**

Transfer payment to:

ABN AMRO (bank code: ABNANL2A)

Postbus 283

1000 EA Amsterdam

Accountholder: International Haemovigilance Network

bank account: IBAN **NL 19 ABNA 0515719536**

*Your name must be clearly stated on the bank transfer in order to link your payment.*

**OR:**

- **Credit Card**

Name on card \_\_\_\_\_

Security/CVC number \_\_\_\_\_

Expiry date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

By completing this form you do allow IHN, to use the above details for IHN membership purposes. Please email the completed form to: [secretariat@ihn-org.com](mailto:secretariat@ihn-org.com) and [info@tripnet.nl](mailto:info@tripnet.nl) After receipt we will send you a confirmation and more information.