



Dr Shruthi Narayan (United Kingdom), president  
Dr Ai Leen Ang (Singapore), treasurer  
Dr Akanksha Bisht (India), secretary  
Dr Barbee Whitaker (USA)  
Dr Øystein Flesland (Norway)  
Dr Betina Sørensen (Denmark)  
Dr Mary Townsend Chair ISBT WP (USA)

## IHN 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 \_\_\_\_\_

Email the completed form to: [secretariat@ihn-org.com](mailto:secretariat@ihn-org.com) and [info@tripnet.nl](mailto:info@tripnet.nl)