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## MEMBERSHIP APPLICATION

(Please **type** or write legibly)

Family Name	First Name	Middle Initial
<b>Active Membership</b> (check all that apply): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> RN <input type="checkbox"/> OT, PT (please circle) <input type="checkbox"/> Other certification (specify) _____ <b>Institution and location for degree/certification received:</b>		
<b>Associate Membership:</b> <input type="checkbox"/> Patient/Patient Support <input type="checkbox"/> Other (specify) _____		
Hospital or Affiliation		
Mailing Address		
City, State, Country, and Zip Code		Date of Birth (Month/day/year)
Telephone Number:	FAX Number:	e-mail address:

**REFERENCES (2) (must include at least one ISL member):**

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Institutional Affiliation: \_\_\_\_\_
2. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Institutional Affiliation: \_\_\_\_\_

**please complete information on back of form →**

CHECK ENCLOSED, made payable to the **INTERNATIONAL SOCIETY OF LYMPHOLOGY**  
 (Checks written in US \$ should be drawn on US banks only)

**Active Membership** includes annual subscription to quarterly journal *Lymphology*, voting rights in ISL General Assembly, waiver of page charges for publication in *Lymphology*, reduced registration fees at ISL-sponsored congresses, and all ISL mailings.

**Associate Membership** includes annual subscription to quarterly journal *Lymphology*, reduced registration fees at ISL-sponsored congresses, and all ISL mailings but no right to vote or hold office.

**RETURN CHECK AND COMPLETED APPLICATION FORM TO THE CENTRAL OFFICE (SEE ADDRESS ABOVE)**

**MEMBERSHIP FEES ON REVERSE SIDE**  
 If you wish to pay by credit card, it is now easy using PayPal (a minimal service fee is charged by PayPal) – see invoice for QR code

1 YEAR (2024)		
<input type="checkbox"/>	Membership includes free open access to Journal <i>Lymphology</i>	\$145 US
<input type="checkbox"/>	Membership includes Print version of Journal <i>Lymphology</i>	\$185 US
2 YEARS (2024, 2025)		
<input type="checkbox"/>	Membership includes free open access to Journal <i>Lymphology</i>	\$264 US
<input type="checkbox"/>	Membership includes Print version of Journal <i>Lymphology</i>	\$334 US
3 YEARS (2024, 2025, 2026)		
<input type="checkbox"/>	Membership includes free open access to Journal <i>Lymphology</i>	\$361 US
<input type="checkbox"/>	Membership includes Print version of Journal <i>Lymphology</i>	\$471 US
<b>TOTAL REMITTED</b>		

\*Additional fee due to rising postage and printing costs.

**BASIS OF INTEREST IN LYMPHOLOGY** (include related publications):

(attach brief Curriculum Vitae or Biographical Sketch)

**AREAS OF CLINICAL AND/OR RESEARCH INTEREST** (to be included in Membership Listing):

**ONGOING ACTIVITIES AND PROJECTS:**

**METHODOLOGY (TECHNIQUES) USED:**