

ISL Constitution, Article 21(2): "...These [dues] are to be paid in advance and no later than March 31st..."

INVOICE ISL Membership Dues

Check **ONE** of the following: **LYMPHOLOGY is now available online!**

| | | |
|----------------------------|--|----------|
| 1 YEAR (2024) | | |
| | <input type="checkbox"/> Online version ONLY | \$145 US |
| | <input type="checkbox"/> Print* (online version complementary) | \$185 US |
| 2 YEARS (2024, 2025) | | |
| | <input type="checkbox"/> Online version ONLY | \$264 US |
| | <input type="checkbox"/> Print* (online version complementary) | \$334 US |
| 3 YEARS (2024, 2025, 2026) | | |
| | <input type="checkbox"/> Online version ONLY | \$361 US |
| | <input type="checkbox"/> Print* (online version complementary) | \$471 US |

TOTAL REMITTED _____

*Additional fee due to rising postage and printing costs.

If you wish to pay by credit card, it is now easy using PayPal (a minimal service fee is charged by PayPal) – just use this QR code and enter amount to pay



OR

Please make Check** or Money Order Payable to:
INTERNATIONAL SOCIETY OF LYMPHOLOGY and mail remittance and copy of invoice to:

****Checks written in US dollars should be drawn on US banks only**

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Thank you for your remittance!

METHODS OF PAYMENT

If impossible to make payment by check (US\$ drawn on a US bank) or International Money Order, you may make payment in the following 2 ways

1. **CREDIT CARD through PAYPAL* (preferred method)!**

MEMBERSHIP DUES

If you have a PayPal Account, enter your log-in details, and using the QR code on the invoice provided enter amount to pay.

If you DO NOT have a PayPal Account, you can pay with a bank account, debit or credit card, or PayPal Credit or can create a PayPal Account (just follow the instructions)


Please **DO NOT** send your credit card information to the Central Office. We do not have the capability of creating your PayPal account for you!

Payment by Bank transfer. For paying ISL membership dues directly in to the ISL bank account, please note the following in banking information. To assist in identifying your transfer, please fax a copy of your bank wire transfer to (520) 626-0822. In addition, because of the costs incurred by the Central Office for receiving foreign wire transfers, please include an additional **\$16** to the total amount of money remitted to cover these fees. Please notify your bank that the amount received by our bank must be the *entire* amount owed to the ISL by the sender. Any additional bank fees must be paid by the sender.

| | |
|---------------------------------|--|
| Bank Name: | Wells Fargo Bank, NA 420 Montgomery Street San Francisco, CA 94104 |
| SWIFT/BIC code (International): | WFBIUS6S |
| RTN/ABA (Domestic): | 121000248 |
| Beneficiary account # | 0822-562971 |
| Beneficiary: | International Society of Lymphology |



Please feel free to contact me if you have any questions. Thank you,



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