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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):<br><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) _____<br><b>Institution and location for degree/certification received:</b> _____ |             |                                |
| <b>Associate Membership:</b><br><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 (2025)              |   |          |
| <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 (2025, 2026)       |   |          |
| <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 (2025, 2026, 2027) |   |          |
| <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:**