

IASI Membership Application Form

Type of Membership requested: _____

Name of Organization: _____

Name of person (for Personal Membership or name of Organization's Contact Person with position title):

Email Address: _____

Full Address of Organization or Person: _____

Telephone: _____ Fax: _____

Organization's Website address: _____

Date _____

Signature _____

Payment may be made by cheque or bank transfer

In \$ (USD):

IASI Bank
Nordea Bank Finland Pld
Kauppakatu 18, FIN – 40100 Jyväskylä - Finland

to the US Dollar Account: SWIFT-Code: NDEAFIHH - IBAN FI89 1045 4200 0000 62

In € (EUR), using the exchange rate (USD=EUR) on the day of payment:

To the Euros Account: SWIFT-Code: NDEAFIHH - IBAN FI43 1045 3000 1432 88

Please send this membership form to:

Anitta Pälvimäki
LIKES-Tietopalvelu
LIKES Information Service for Sport and Health Sciences
PO Box 35 (B)
FIN-40014 Jyväskylä
Tel: +358 14 260 3390
Fax: +358 14 260 3922
Email: anitta.palvimaki@library.jyu.fi

(Note: a cheque or US money order may also accompany the membership form. Also note that membership fee payments by credit card cannot be accepted at this time)