

For calendar year

20_____

INTERNATIONAL SOCIETY OF AMYLOIDOSIS (ISA) MEMBERSHIP APPLICATION FORM

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Enclosed is my check or money order (in US Dollars) made payable to "International Society of Amyloidosis." Mail to Steven Zeldenrust, Treasurer ISA/ Mayo Clinic/ 200 First Street SW/Rochester, MN 55905/USA.

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With questions, please contact treasurer: Steven Zeldenrust at zeldenrust.steven@mayo.edu

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