

ispdhome.org/Join



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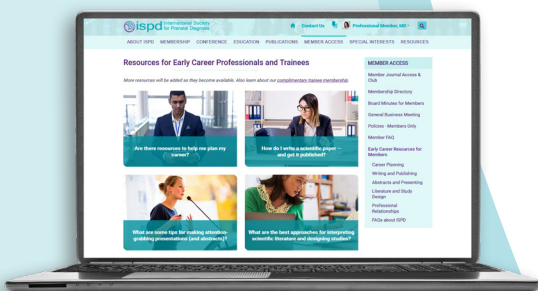
ispd International Society for Prenatal Diagnosis

Building Global Partnerships in Genetics and Fetal Care

info@ispdhome.org | +1 434.979.4773 | www.ispdhome.org



PRENATAL DIAGNOSIS



Benefits of Membership:

- Reduced conference and course registration rates
- Participation in ISPD Special Interest Groups (SIGs)
- Complimentary access to recorded webinars, recorded conference presentations, and more
- Complimentary online access to *Prenatal Diagnosis* journal
- Participation in ISPD Journal Club to discuss recent, impactful research
- Members-only website with searchable member directory
- *Global Updates* eNewsletter
- **Apply for membership for both 2026 and 2027 to receive 20% off 2027 dues!**

Trainee Members:

ISPD Membership is only \$45 for Trainees!

Trainee membership is available at this reduced cost for individuals who are enrolled full-time as a resident, fellow, or graduate student in a program that will lead to appropriate degrees or certificates in subjects relating to prenatal diagnosis and therapy. Pay \$45 initially and get two years of membership. Each additional year is \$45 per year.

Early Career Resources

Become a member of ISPD to gain access to articles, videos, and other resources on publishing, study design, mentoring, and more.

Visit www.ispdhome.org/join for details and to apply for membership!



820 E. High Street, Suite A | Charlottesville, VA 22902 USA
 Telephone: +1 434.979.4773 E-Mail: info@ispdhome.org
 Website: www.ispdhome.org

2026 Membership Application

Name Dr Prof _____
 Ms Mr Mx (First/Given Name) (Middle Initial) (Last/Family Name) (Degree/Credential)

Title (Required) _____

Organization (Required) _____

Department or Division _____

Street _____

City, State/Prov. _____ Post Code _____ Country _____

E-mail (Required) _____

Telephone _____

Member Communications: ISPD sends member information via e-mail. If you do not wish to be contacted, check here: DO NOT e-mail me.

The above is my: Office Address Home Address

How did you hear about ISPD? _____

Memberships in other related societies _____

Areas of Interest: Please select the area(s) of your interest.

- Amniocentesis Aneuploidy Array CGH
- CVS Cytogenetics DNA Diagnosis
- Ethics Fetal Cells/Nucleic Acids in Maternal Blood
- Fetal Therapy Invasive Techniques Molecular Genetics
- PGD Public Policy/International Issues
- Serum Screening Ultrasound/Imaging
- Other: _____

Special Interest Groups: Please select the SIG(s) below that you wish to join.

- Fetal Therapy
- Genetic Counseling, Ethics, and Patient Education
- Imaging and Fetal Phenotyping
- Technologies in Reproductive Screening and Diagnosis

Highest Degree Attained (or equivalent):

- Doctorate (MD/PhD)
- Master's
- Bachelor's
- None

ISPD Membership Fees (USD \$) — ONLINE ACCESS to Prenatal Diagnosis Journal is included!

Professionals, join for 2 years to receive 20% off the second year. A reduced rate is available for low, lower-middle, and upper-middle income (LMI) countries, as defined by the World Bank.

		Regular	LMI
Full Professional Membership MD, PhD (or equivalent), senior/registered clinical scientist, corporate representative, etc.	1 Year, 1 Jan 2026 – 31 Dec 2026:	<input type="checkbox"/> \$315	<input type="checkbox"/> \$157.50
	or 2 Years, 1 Jan 2026 – 31 Dec 2027:	<input type="checkbox"/> \$567	<input type="checkbox"/> \$283.50
Allied Health Professional Membership Non-PhD (or equivalent) genetic counselor, junior scientist, sonographer, nurse, technologist, administrator, etc.	1 Year, 1 Jan 2026 – 31 Dec 2026:	<input type="checkbox"/> \$225	<input type="checkbox"/> \$112.50
	or 2 Years, 1 Jan 2026 – 31 Dec 2027:	<input type="checkbox"/> \$405	<input type="checkbox"/> \$202.50
Trainee Membership Full-time resident, fellow, medical student, graduate student, or professional trainee	2 Years, 1 Jan 2026 – 31 Dec 2027:	<input type="checkbox"/> \$45.00	
		<i>May be renewed for \$45.00 per year after the first two years</i>	

Charitable Contribution to Fund ISPD's Professional Education Endeavors: I wish to contribute: USD \$ _____

TOTAL PAYMENT (dues and contribution) USD \$ _____

Method of Payment — Select one.

ACH Fund Transfer Wire Transfer (additional fees apply) — Transfer information will be provided after application is received.

Check payable to ISPD is enclosed. Check # _____
 Remittance must be drawn from a U.S. bank or an international money order in U.S. Dollars. \$25.00 may be charged to cover collection fees.

Credit card: MasterCard Visa American Express

Cardholder Name as it Appears on Card _____

Credit Card Billing Address _____

Please include post code. _____

Cardholder E-Mail _____ Telephone _____

Card Number _____ Expiration Date _____ CV2 Code _____

CV2 = three digits on back of VISA or MasterCard, or four digits on front of American Express.

Cardholder Signature _____