

3. PAYMENT INFORMATION

<input type="checkbox"/>	Cheque Payment	Cheques should be made payable to: The International Society of Nurses in Cancer Care (ISNCC) (Drawn on a US or Canadian Bank) Charity No.: 1015524
<input type="checkbox"/>	Credit Card Payment	Card Type: <input type="checkbox"/> MasterCard** <input type="checkbox"/> Visa** <input type="checkbox"/> American Express** Card No: _____ Expiry Date: _____ Name on Credit Card: _____ Signature: _____ ** The charges will appear on your credit card statement as 'The International Society of Nurses in Cancer Care'
<input type="checkbox"/>	Wire Transfer	Please contact the ISNCC Secretariat for wire transfer information.

4. YOUR FEEDBACK

We would appreciate your input. Please let us know what initiatives/activities you would like to see:

Please submit **both** pages of this Associate Membership Application Form along with payment to:
ISNCC Secretariat Tel: 604-630-5516
375 West 5th Ave, Suite 201 Fax: 604-874-4378
Vancouver, BC V5Y 1J6 Canada E-mail: info@isncc.org

Credit card payments may be faxed to the ISNCC Secretariat at 604-874-4378