



2010-2012 Full Membership Application

National oncology nursing societies are eligible to be full members of ISNCC.

1. CONTACT INFORMATION	
Institution:	_____
Address:	_____ _____
City:	_____ State: _____ Zip: _____ Country: _____
Name of President	_____
	Last First Initial
Term of office from _____ to _____	Number of members: _____
Name of Contact Person	_____
	Last First Initial
Contact Address:	_____ _____
City:	_____ State: _____ Zip: _____ Country: _____
Telephone:	_____ Fax: _____
Email:	_____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

2. MEMBERSHIP INFORMATION	
DATE OF APPLICATION:	_____
(Membership terms are 24 months, not prorated and expire December 31 st of odd years)	
National Society of less than 500 members	
<input type="checkbox"/> US\$100/term	
National Society of 501 – 2000 members	
<input type="checkbox"/> US\$150/term	
National Society of more than 2001 members	
<input type="checkbox"/> US\$200/term	
National Society of Low Resource Country	
<input type="checkbox"/> Waived	

If accepted as a member of ISNCC, I pledge to foster and advance the principles and objectives the Society represents, and to abide by its bylaws.

Signature: _____ Date: _____

3. PAYMENT INFORMATION

Check Payment Checks should be made payable to: **The International Society of Nurses in Cancer Care (ISNCC)**
(Drawn on a US or Canadian Bank)
Charity No.: 1015524

Credit Card Payment

Card Type: MasterCard** Visa** 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'

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 Full Membership Application Form along with payment to:

ISNCC Secretariat
375 West 5th Ave, Suite 201
Vancouver, BC V5Y 1J6 Canada

Tel: 604-630-5516
Fax: 604-874-4378
E-mail: info@isncc.org

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