2008-2009 Associate Membership Renewal

Oncology institutions, charities and related organizations are eligible to be associate members.

1. CONTACT INFORMATION

Institution: _____

Address: _____

_____

City: _____ State: _____ Zip: _____ Country: _____

Name of President (If applicable) _____
Last First Initial

Term of office from _____ to _____ Number of members: _____

Name of Contact Person _____
Last First Initial

Contact Address: _____

_____

City: _____ State: _____ Zip: _____ Country: _____

Email: _____

2. MEMBERSHIP INFORMATION

DATE OF RENEWAL:_____

(Membership terms are 24 months, not prorated and expire December 31st of odd years)

Institute Associate, High Resource Country:

☐ US$50/term

Institute Associate, Low Resource Country:

☐ 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

☐ **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

☐ **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 Associate Membership Renewal 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