



International Society for  
Children with Cancer

## Membership Form

### **I would like to become a Member of ISCC:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

### **I would like to make a donation at the following level:**

Monthly: \$10 [ ] \$20 [ ] \$25 [ ] \$50 [ ] Other [ ] \$ \_\_\_\_\_

Annual: \$100 [ ] \$200 [ ] \$200 [ ] \$500 [ ] Other [ ] \$ \_\_\_\_\_

### **How Where you introduced to ISCC?**

[ ] Fundraising Event

[ ] Conference

[ ] Brochures

[ ] Media

[ ] Friends

[ ] Website

Signature: \_\_\_\_\_ Date: \_\_\_\_\_