

Application for Membership

Name _____

Institutional Name _____

Institutional Address _____

City _____ State/Province _____ Country _____ Postal Code _____

Telephone Number _____

Fax Number _____ Email _____

Specialty _____

Reference of one publication _____

I wish to submit my application to become an _____ member of ISCaP.

| | | |
|---------------------|------------------------------------|-----------------------------------|
| | Active Member | Associate Member |
| Membership for 2005 | <input type="checkbox"/> \$100 USD | <input type="checkbox"/> \$50 USD |

Fee is payable upon acceptance into the Society for the current year, and involves the subscription to the bi-monthly journal "Cancer Detection & Prevention" (Elsevier, 6 annual issues).

Active Membership

Active membership is open to academic individuals who have made active contributions in research, administration or teaching in the area of cancer chemoprevention.

Associate Membership

Open to advanced graduate students and new post-doctoral fellows (within three years of receiving Doctorate) as well as to oncology nurses and other health professionals.

Send application form, copy of your Curriculum Vitae and appropriate fee (bank check) to:

Michael P Osborne, MD
Treasurer
International Society of Cancer Prevention
428 East 72nd Street
Suite 600
New York, NY 10021
USA
Phone: 1-212-746-6629
Fax: 1-212-396-1244
E-mail: osborne@strang.org