

MEMBERSHIP FORM

The Cayman Islands Cancer Society is a non-profit organization that relies on the support of its sponsors and members for their funding. The Society is committed to educating the people of the Cayman Islands on cancer issues. In addition to educating the community the organisation provides on-going support for individuals diagnosed with cancer including financial support. Your membership will help us continue this work.

Name:		Rev.20)12
Mailing Address:			
Telephone (H):	(W):	(C):	
Fax: E-m	ail:		
Membership type:	🗌 Individual \$25	5.00 per year	
	□ Family \$40.00 Family memb) per year per name	
□ I would like to buy di	nner for a cancer surv	vivor in honor/memory of someone I love. x \$35.00 =	
□ I would like to donat	e an additional \$		
□ I wish to sign up for 2	or more years at a ti	me \$ x years	
\Box I am interested in vol	unteering with the Ca	ancer Society and can help with:	
Office Administration		Information & Education	
Events		Patient Support	
Fundraising		Public Relations	
I am a Doctor and am presentations	interested in assistin	ng the Cancer Society with educational	
□ I am a Cancer Survivo	or and would like to b	e added to your mailing list	
		Office Use Membership expiry date:	

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