



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: _____ Date: _____

Mailing Address: _____

Telephone: _____ (W): _____

E-mail: _____

- Membership type: Individual \$25.00 per year
 Family \$40.00 per year (2 persons)

Family member name _____

I would like to donate an additional \$ _____

I wish to sign up for 2 or more years at a time \$ _____ x _____ years

I am interested in volunteering with the Cancer Society and can help with:

- Office Administration Information & Education Events
 Patient Support Fundraising Public Relations

I am a medical professional and am interested in assisting the Cancer Society with educational presentations

I am a Cancer Survivor and would like to be added to your mailing list

For payment by bank transfer:
Cayman National Bank (CNB)
KYD Account 011-13479
USD Account 021-06877

Office Use
Membership expiry date: