

**MEMBERSHIP APPLICATION**

**International Sentinel Node Society**

2200 Santa Monica Blvd  
Santa Monica, CA 90404  
(310) 829-8781

**MEMBER DETAILS**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_ Age \_\_\_ Sex M F

Street \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**EDUCATION & TRAINING**

Degrees	University	City	Year
_____	_____	_____	_____
_____	_____	_____	_____

**CURRENT ACADEMIC/HOSPITAL/PRACTICE AFFILIATIONS**

School/Hospital \_\_\_\_\_

Title \_\_\_\_\_

**EXPERIENCE IN CANCER RESEARCH & SOCIETY MEMBERSHIPS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED BY:** \_\_\_\_\_

Print

Signature

**ANNUAL DUES \$100 PAYABLE WITH APPLICATION**

**MEMBERSHIP APPLICATION PAYMENT**

**International Sentinel Node Society**

2200 Santa Monica Blvd  
Santa Monica, CA 90404  
(310) 829-8781

**Credit Card Payment of Annual Dues US\$100**

**Card Type:**            **Amex**            **Visa**            **Mastercard**            **Diners**

**Card Number:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**Cardholders Signature:** \_\_\_\_\_

Please return the completed form with payment of dues by credit card to:

**Joel M. Pollack**  
**Membership**  
**International Sentinel Node Society**

2200 Santa Monica Blvd  
Santa Monica, CA 90404

Fax Number: (310 582 7185)

E-Mail: [pollackj@jwci.org](mailto:pollackj@jwci.org)