



ICON - Indian Co-operative Oncology Network

(autonomous body of Indian Medical & Pediatric Oncology)

(Registration No. E 19333 Mumbai, Charity Commissioner, Greater Mumbai Region, Maharashtra State)

Subject: Donation cum Life Membership

First Name _____ Middle Initial _____ Last Name _____
Address (Res.) _____ Address (Clinic/Office) _____

City _____ City _____
State _____ State _____
PIN _____ PIN _____
Tel: _____ Tel: _____
Mobile: _____ e mail : _____ @ _____

Hospital Affiliations: _____

Title: _____

Preferred Address for Correspondence : Home / Office / Clinic (please specify one)

Types of Membership	Tick any one Option
1. Lifetime Full Membership (>50% of Professional time devoted to oncology) Rs. 7500/-	
2. Lifetime Associate (<50% of Professional Time devoted to oncology) Rs. 7500/-	
3. Annual Membership (Full / Associate) Rs. 750/-	
4. Student Annual Rs. 500/-	
5. Industry Annual Rs. 5000 /-	
6. Overseas Annual Rs. USD \$100/-	

I am enclosing donation towards corpus of ICON Trust via cheque (Account payee only) or a demand draft dated _____ drawn on _____ of Rs 7,500/- (seven thousand and five hundred only) in favor of "ICON Trust" and payable at Mumbai.

In addition I agree to comply with/support the following:

1. ICON constitution and byelaws.
2. All activities will be conducted with the patient's interest being of primary importance.
3. Continuation of membership will require my ongoing commitment and active contribution to the activities of ICON.
4. Correspondence sent to my email address will be the preferred mode of communication. It is my duty to keep the ICON office updated with my current email & postal address.
5. Assistance from ICON will be dependent on the extent of my contribution to ICON activities. Membership does not automatically qualify me to any/ all ICON facilities/ assistance.

Signature _____ Date: _____ Place _____

Address: ICON Trust (Indian Co operative Oncology Network), 410, Navnidhi Industrial Estate, 208 Acharya Donde Marg,
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