



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)

Amount of professional time devoted to Oncology: _____%

(Full membership requires greater than 50% of professional time devoted to Oncology.

Associate members can have less than 50% of professional time devoted to Oncology).

I am enclosing donation towards corpus of ICON Trust via check (Account payee only)

or a demand draft or paying by credit card number _____

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 _____