C-KIN | Cancer & the Kidney International Network

JOIN
C-KIN ICancer & the Kidney International Network
TODAY!

C-KIN Individual Membership Application Form

Personal Details ▪ Please complete in capital letters

Title___First Name _____ Middle Initial(s)___Last Name_____MD, PhD, etc _____

Position _____ Institution _____

Street / Box # _____ City _____

Zip/Postal code _____ State / Province _____ Country _____

Telephone _____Fax _____ Email _____

Web Site: _____ Date of Birth (month / day/ year) _____/_____/_____

Discipline ▪ ☑ all that apply

□ Oncology □ Nephrology □ Haematology □ Pharmacology/Pharmacy □ Supportive care □ General practice

□ Other (please specify) _____

Membership Type

□ **Associate Membership** (Any scientist or physician working in the fields related to cancer and/or the kidney shall be considered for Associate membership). **Fee**: 100 Euro

□ **Trainee Membership** (Trainees, certified by their Director of Training Program, shall be considered for Trainee membership. The membership would be for the duration of their training, renewable annually, and for one year following their training to allow time to qualify for Expert or Associate membership.). **Fee**: 60 Euro

□ **Voluntary Donation** to C-KIN for the development of its professional activities. **Amount**: _____ Euro

Method of Payment

Wire Transfer

To be paid to	Cancer & The Kidney International Network (C-KIN)
Bank details	ING BELGIUM S.A. – Avenue Marnix, 24 - B-1000 BRUSSELS, BELGIUM
Account Number	363-1421228-24
IBAN	BE81 3631 4212 2824
BIC	BBRU BE BB

Signature

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