

**MEMBERSHIP** 

Please print this form and mail or fax to:

Bahrain Cancer Society PO Box 1499, Manama Kingdom of Bahrain

Fax: +973 17233611 Email: info@bahraincancer.com

## You will be contacted by the Bahrain Cancer Society with a decision regarding your membership within one working week of submitting this application.

I wish to become a member of the Bahrain Cancer Society for the current financial year.

BD	10.000 Individual			
Title:	Initials:	First Name:	Surname:	
Address:				
Occupatio	n:			
Daytime phone No:		Email addre	ess:	
Fax:		P.O.Box:		
Signature:		Date:		

I am interested in volunteer work for the Bahrain Cancer Society

I am interested in helping with special events for the Bahrain Cancer Society

Thank you for your support!