



جمعية البحرين لمكافحة السرطان
Bahrain Cancer Society

Membership Application Form

- 1- Name: _____
- 2- Place of work: _____
- 3- Position: _____
- 4- Address _____
- 5- Telephone No. _____
- 6- Email: _____

-Please attach one photo with this form

- CPR copy

- Membership Fees: BD 10 per year

- Please indicate your desire to work in the following committees:

A. Committee for the Support of patients

B. Financial Resources Committee

C. Social Committee and awareness

D. Committee on Scientific and medical studies, and research

E. Other (please specify area) _____

Applicant: _____

Signature _____ Date: _____

Administrative use

* Approval of membership: _____ No/Yes _____ Date: _____

* Notes: _____

* Signature of the president: _____