

Membership Application

Contact Information

First Name _____ Last Name _____

Institution _____

Address _____

Address cont. _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Fax _____

E-mail _____

This address is: Home Work

I am a: General Practitioner Nurse Patient/Survivor
 Oncologist Scientist Advocate
 Surgeon Fellow Family Member
 Pulmonologist Resident Social Worker
 Pharmacist Student Other _____

Membership Information

\$75 Full Membership

Membership benefits include:

- Window cling (for new members)
- 10% discount on all merchandise purchases
- Print newsletter & e-newsletter subscriptions
- Invitations to all national and local events
- Access to the online Members Area with password protected information, including a member directory and slide sets

I would like to make an additional donation of:

\$25 \$50 \$100 \$500 \$1,000 Other \$ _____

Billing Information

Check (payable to National Lung Cancer Partnership)

Visa Mastercard Discover American Express

Card # _____ Billing Address _____

Exp. Date ____/____/____ Card ID # _____
if different than above

To login to the Members Area on www.NationalLungCancerPartnership.org, use your email address and last name as your password.

All dues and donations are tax-deductible.