

**“HEAD AND NECK CANCER SUPPORT SOCIETY” MEMBERSHIP FORM**

**Name:** \_\_\_\_\_

(Please Print)

**Phone Number:** \_\_\_\_\_

(Best number to be reached at)

**Text Number:** \_\_\_\_\_

(If different than above)

**Email:** \_\_\_\_\_

As a member: (please check the sentence that best represents your interest)

- I would like to actively participate in the Society (i.e. volunteer, provide input/expertise and experience to strengthen/achieve the Objectives of the organization): Yes.  No.

Strengths/Skill Set \_\_\_\_\_

- I would like to participate without being actively involved in the Society (i.e. come to meetings, volunteer etc.): Yes.  No.

Please fill in the form and mail to:

**Head and Neck Cancer Support Society**

**P.O. Box 4773, Edmonton, Alberta, T6E 5G6**

**Disclaimer: All information provided will be used for the sole purpose of membership identification and contact by the Head and Neck Cancer Support Society.**

**Contact information update will be the responsibility of each member to ensure the latest details are available to the Society.**