The International Liver Cancer Association **Membership Form**

PLEASE COMPLETE IN CAPITAL LETTERS

PERSONAL DETAILS (Please complete all sections)

Name ..... | ..... | ..... | ..... | .....
TITLE (Prof., Dr., etc.) | FIRST (GIVEN) NAME | MIDDLE INITIAL | LAST (FAMILY) NAME | DOCTORAL-LEVEL DEGREE(S)

ILCA Membership ID .....

Position ..... Institution .....

Street / Box # ..... City .....

Zip / Postal Code ..... State / Province ..... Country .....

Tel. ..... Fax ..... Email .....

Web Site .....

Date of Birth (month/day/year) |__|__| /|__|__| /|__|__| Member's Signature:

Data Privacy: All information requested is strictly for the use of ILCA compliance with international privacy protection legislation. By signing, I agree that ILCA may use this data to keep me fully informed of ILCA activites, and make my full contact details available to other ILCA members. By giving consent, my mailing address may be available to third parties deemed appropriate by ILCA. If you do not wish to receive third party mailings, please check here. ☐

PROFESSIONAL ACTIVITY (Please check ☑ all that apply)

☐ Administrator ☐ Basic Researcher ☐ Clinical Researcher ☐ Retired ☐ Trainee
☐ Allied Health Professional ☐ Clinical Practitioner ☐ Industry Representative ☐ Teacher/Educator ☐ Other (please specify) _____

DISCIPLINE INTEREST (Please check ☑ all that apply)

☐ Basic Research ☐ Hepatology ☐ Oncology ☐ Surgery/Transplantation
☐ Epidemiology ☐ Internal Medicine ☐ Pathology ☐ Other (please specify) _____
☐ Gastroenterology ☐ Molecular Biology ☐ Radiology/Interventional Oncology

PRIMARY PRACTICE /RESEARCH SETTING (Please check ☑ all that apply)

Clinical Research/Practice: ☐ Private Practice ☐ Private Institution ☐ Academic Institution/University ☐ Government Institution/Agency
Basic Research/Practice: ☐ Private Institution/Corporation ☐ Academic Institution/University ☐ Government Institution/Agency

MEMBER CATEGORY & FEES (membership valid for the calendar year **1 January** to **31 December**)

☐ **Regular** ▸ **Fee: 50 Euro** (scientist / physician working in fields related to liver cancer who has contributed knowledge to the field).
***To provide** 1) letter of support from a Founding Member 2) Proof of publication of at least 2 papers with an Impact Factor according to the last ISI Web of Knowledge

☐ **Trainee** ▸ **Fee: 25 Euro** (scientist / physician in training and certified by his/her training program director).
***To provide** 1) Brief bio-sketch 2) letter of support from training program director or a Founding Member

☐ **Associate** ▸ **Fee: 25 Euro** (allied health professionals involved in liver cancer research and/or practice).
***To provide** 1) Brief bio-sketch 2) letter of support from a Founding Member 3) Statement of commitment to liver cancer research / practice

☐ **Emeritus** ▸ **Fee: 50 Euro** (scientist / physician meeting Regular member requirements, but who is retired from full-time employment).
***To provide** 1) Brief bio-sketch 2) Proof of publication of at least 2 papers with an Impact Factor

☐ **Voluntary Donation** (to ILCA for the development of its professional activities) ▸ **Amount:** _____ **Euro**

** For new membership applications only.*

METHOD OF PAYMENT (Please check ☑ and provide all information requested)

☐ **Wire Transfer** (as a reference please include the member's name on the transfer)

To the attention of MCI Benelux/ILCA
Account# 310-1959738-36
Bank ING
BIC/Swift# BBRUBEBB
IBAN# BE46310195973836

☐ **Check Number** |__|__|__|__|__|__|__|__|__|__|__|__|

Dated (month/day/year) |__|__| /|__|__| /|__|__|

Membership fee _____ + 15 Euro processing fee _____

☐ **Credit Card**

☐ American Express ☐ MasterCard ☐ Visa

Card Number |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Expires |__|__| /|__|__|

Name of Card Holder (as it appears on the card)

_____

Signature of Card Holder:

ILCA
International Liver Cancer Association

PLEASE MAIL OR FAX THE COMPLETED FORM AND SUPPORTING MATERIALS TO:

International Liver Cancer Association (ILCA) • ILCA Office • Avenue de Tervueren 300 • B-1150 Brussels • Belgium
Tel: +32-2-789 2345 • Fax: +32-2-743 1550 • Email: membership@ilca-online.org