MEMBER STATE APPLICATION

Membership in the World Federation of Neuro-Oncology Societies (WFNOS) shall be open to any national neuro-oncology society, or confederation of neuro-oncology societies, that provide services to registered members with advanced educational degrees, consisting of M.D., D.O., Ph.D., or an internationally recognized equivalent. By making this application, our organization officially requests membership in the WFNOS and acknowledges that we have read and agree to the provisions set forth in the WFNOS Charter.

OFFICIAL NAME OF ORGANIZATION: _____

CONTACT NAME: _____

TITLE: _____

WEBSITE:_____ EMAIL: _____

ADDRESS:_____

_____

_____

_____

REGION/COUNTRY SERVED: _____

DATE ESTABLISHED: _____

NUMBER OF MEMBERS: _____

MISSION STATEMENT:

Please return completed form to:
World Federation of Neuro-Oncology Societies
chas@soc-neuro-onc.org
PO Box 131401, Houston, Texas, 77219, USA