



# EUSOMA MEMBERSHIP APPLICATION FORM - 2017

To become a member fill in the form and return it to:  
EUSOMA – Via Paolo Toscanelli, 8 – 50129 Firenze - Italy  
Tel.:+39/055/576260 – fax:+39/055/5530281 email: information@eusoma.org

TITLE  NAME  SURNAME

DATE OF BIRTH  MALE  FEMALE

DEPT.  HOSPITAL

ADDRESS

TOWN  ZIP CODE  COUNTRY

PHONE  FAX  EMAIL

POSITION: RESIDENT  JUNIOR ASSISTANT  SENIOR ASSISTANT  CONSULTANT  HEAD OF DEPT.

TYPE OF INSTITUTION: CANCER DEPT. IN GEN. HOSP.  CANCER CENTRE

I give my permission to Eusoma to put my personal details in the members directory on the members only members area of [www.eusoma.org](http://www.eusoma.org). I understand that other Eusoma members will be able to view these data.

Signature.....

### WORKING FIELD (please cross only one box)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> EPIDEMIOLOGY AND PREVENTION | <input type="checkbox"/> RECONSTRUCTIVE SURGERY | <input type="checkbox"/> MEDICAL ONCOLOGY |
| <input type="checkbox"/> DETECTION & DIAGNOSIS       | <input type="checkbox"/> CLINICAL GENETICS      | <input type="checkbox"/> PATHOLOGY        |
| <input type="checkbox"/> SCREENING                   | <input type="checkbox"/> SURGERY                | <input type="checkbox"/> RADIOTHERAPY     |
| <input type="checkbox"/> PSYCHOSOCIAL ONCOLOGY       | <input type="checkbox"/> NURSING                | <input type="checkbox"/> DATA MANAGER     |

## 2017

### MEMBERSHIP FEE

Only Membership = 50 EURO

### MEMBERSHIP AND JOURNALS

EJC (Print and online) <sup>[1]</sup> = 162 EURO

EJC (online only) = 118 EURO

THE BREAST (online only) = 95 EURO

EJC (print and online) <sup>[1]</sup> and THE BREAST (online only) = 206 EURO

EJC (online only) and THE BREAST (online only) = 162 EURO

[1] If you wish to receive the Journal at a different address from that indicated above, please write below:

ADDRESS

TOWN  CODE  COUNTRY

According to the Italian Law (art. 23 D. Lgs 196/2003) on Privacy Code, I authorise Eusoma to use my personal data for purposes related to the Society's activities

Signature.....

### METHODS OF PAYMENT

By **CREDIT CARD:**    o VISA                            o MASTER CARD

CARD n°  CARD HOLDER

EXPIRY DATE  SIGNATURE

### By BANK TRANSFER :

EUSOMA: CASSA DI RISPARMIO DI FIRENZE – FILIALE DI FIRENZE – VIA BUFALINI, 4 – 50122 FIRENZE – ITALY  
ACCOUNT N° 111658/00 – CAB N° 02800 – ABI N° 06160  
IBAN CODE: IT44W061600280000111658C00 – SWIFT CODE: CRFIIT3F