

 **MASCC Membership Scholarship Statement**

MASCC is committed to outreach to healthcare professionals who have a strong interest in supportive care and who have difficulty affording full membership in the organization. The policy governing membership scholarships is available on the MASCC website.

For those who are interested in a membership scholarship, we ask that you read the policy carefully, complete the membership form (on the web page under Membership), and sign the following declaration.

**Signature Declaration**

Have you received a Membership Scholarship in the past? YES [ ]  NO [ ]

If you answered yes to the above question, please attach written evidence of your contributions to MASCC in the past year. Further, provide proof that your past Membership Scholarship has furthered your professional career goals and has benefited MASCC and its mission.

*I declare on my honor that I am unable to pay membership dues to the Multinational Association of Supportive Care in Cancer at this time.*

Full name:

Email address:

Signature:

Date:

Send your signature declaration and a completed membership form by mail, email, or fax (an email address is required) to:

MASCC Office

Multinational Association of Supportive Care in Cancer (MASCC)

412- 16 Industrial Parkway South

Aurora, ON L4G 0R1 Canada

Email: mascc.office@mascc.org

The Membership and Awards Committee will evaluate applications annually, and all who apply will be notified as soon as possible.

 *Rev. 2 Feb 2015 - RJG*