Members' Registry Form

Please fill in with Capitals

PERSONAL DETAILS:	Associate Member: ▢ Corporate Member: ▢ Member: ▢ Patient: ▢	
Name:		DOB:
National ID / Passport No (Expatriates):		Profession:

CONTACT DETAILS	
Permanent Address:	Phone No:
Residential Address:	Mobile No:
Place of work:	Preferred Mode of Contact: ▢ Phone call ▢ SMS ▢ Email
Others:	Primary Email ID:

OTHERS:	
SPECIAL INTEREST**:**	
SPECIAL TALENTS: --- (how will you be able to contribute to the Society)	

DECLARATION:	
All the information provided herein is accurate to the best of my knowledge.	
Date:	Signature:

OFFICE USE	Form Received by**:**
	Date:
	Membership no:

Cancer Society of Maldives,Ma.Milano,I-B ,Rahdhebai Magu 20159 20008, Male', Republic of Maldives.
Email: csm@cancer.org.mv, Website: www.cancer.org.mv,Tel:7505500