



International Society for Gastrointestinal Hereditary Tumours

Application for Membership

Please write clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Speciality: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Tel: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email:(please write clearly) \_\_\_\_\_

**Name of current InSiGHT Member sponsoring your application:**

\_\_\_\_\_

**I apply for annual membership of InSiGHT for 2011 and 2012:**

\* at a cost of £100 sterling for MDs (approx 114 Euros)

\* at a cost of £60 sterling for nurse/counsellors/co-ordinators (approx 68 Euros)

**Plus Initial registration fee (payable once only) £25 sterling (approx 28 Euros)**

**For a subscription to Familial Cancer**

\* at a cost of £45 sterling per annum (approx 51 Euros) please add £90 for two years

**Please specify whether you would like to receive the journal in electronic  or paper  form**

**Pay online at:** [www.justgiving.com/insightmembership](http://www.justgiving.com/insightmembership) (in field for special instructions enter "insight") and please allow your name to be revealed

OR Please charge the following account: Visa  MasterCard

**Card Number:**

**Expiration date:** \_\_\_\_/\_\_\_\_ **Security Code** (3 digit number on back of card): \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\* If paying by cheque:

**Cheques:** GBP Sterling only - please make cheque payable to:

**St Mark's Hospital Foundation** and mark "InSiGHT" on the back

**In the interests of security please post or fax if credit card details are given on this form**

**Send membership correspondence to:**

Kay Neale, Administrative Secretary InSiGHT, The Polyposis Registry, St Mark's Hospital, Northwick Park, Watford Road, Harrow, Middx, HA1 3UJ, UK

**Or email: [kneale3@btconnect.com](mailto:kneale3@btconnect.com)**