



INTERNATIONAL SOCIETY FOR CUTANEOUS LYMPHOMAS

1932 S. Halsted St., Suite 413 – Chicago, IL 60608 USA; Tel: 1-630-578-3991; Fax: 1-630-262-1520

Membership Application Form

The International Society for Cutaneous Lymphomas (ISCL) was organized in December 1992 to foster communication and stimulate interactions among regional and national groups and individuals interested in cutaneous lymphomas. Membership Applications will be reviewed by the ISCL Board of Directors and the applicant will be notified of its decision by email. Thank you for your interest in the ISCL.

General Member: Physician or scientist actively involved in the care of patients with lymphoproliferative skin disorders or engaged in research in this or a related area. \$75 application fee which serves as 1st year dues.

Associate Member: Allied healthcare professional, an individual or entity that grants financial support to the Society or an individual involved in a cutaneous lymphoma patient support group who is interested in, and supports, the purposes of the Society. \$75 application fee which serves as 1st year dues.

Resident Member: Physician in good standing who is in a residency program or post-residency fellowship and is interested in the field of cutaneous lymphoproliferative disorders. \$0 application fee; \$0 annual dues.

Check Category: General Associate Resident

Name: _____ Credentials (e.g., MD, PhD, MBBS): _____

Title: _____

Specialty: _____

Institution: _____

Street Address: _____

City: _____ State: _____

Country: _____ Postal/Zip Code: _____

E-mail: _____

Telephone: _____ Fax: _____

(include country code)

Number of cutaneous lymphoma patients followed: _____

Research Interests: _____

Representative Publications: _____

Please send the completed application and application fee in U.S. Dollars as follows. You will be notified of receipt of your application within 2 business days.

By mail with check (made out to: *International Society for Cutaneous Lymphomas*):

International Society for Cutaneous Lymphomas
1932 S. Halsted St., Suite 413
Chicago, IL 60608 USA

Or by credit card. Scan/email to: info@cutaneouslymphoma.org or fax to: 1-630-262-1520

MasterCard Visa American Express

Card number: _____ Exp. Date: _____

Name on card (print): _____

Signature: _____

For questions, please email the ISCL Headquarters at info@cutaneouslymphoma.org. Within approximately 1-2 months you will then be notified of membership application status. Thank you!