



# MMOF

## APPLICATION for MEMBERSHIP

to the  
**MEDITERRANEAN MULTIDISCIPLINARY ONCOLOGY FORUM (MMOF)**

**Join a new Oncology Community across the Mediterranean today!**

By becoming a MMOF member you are joining an international community of oncology professionals from all countries bordering the Mediterranean Sea, sharing practices and approaches to cancer treatment and care, exchanging views and ideas and benefiting from each other's knowledge and experience in the field of Oncology. By becoming a MMOF member you join a multicultural forum with main objectives to advance the art, science and practice of oncology and to disseminate knowledge in order to provide the highest possible standard of treatment for cancer patients in Mediterranean countries. You join an innovative effort to inspire and embrace young specialists from neighbouring countries, educate and support them. By becoming a MMOF member you will be eligible to apply for fellowships, grants and awards and to participate in all scientific, educational and other events organized through the forum to improve the friendship between countries and to promote research in oncology at all levels.

### Membership Categories

#### Full

available to full-time medical, radiation and surgical oncologists, and other oncology-related health professionals (nurses, molecular biologists, radiologists, pharmacists, etc)

#### Junior

available to medical, radiation and surgical oncologists in training (for a maximum of 4 yrs, after which they are automatically eligible for full membership)

### Membership Benefits

Discounted fees at MMOF events

Network opportunities

Involvement in MMOF activities

Fellowship, grant and award eligibility

Access to MMOF publications

Access to MMOF website

Participation/voting in MMOF General Assembly

Introduce/sponsor new members

## Annual Fees

Full members: 50€

Junior members: 20€

**Be a friend! Be a member!**

# APPLICATION FORM

Please send the completed MMOF Membership Application to the MMOF secretariat by e-mail (mmof.info@gmail.com)

MEDITERRANEAN MULTIDISCIPLINARY ONCOLOGY FORUM (MMOF)

**TITLE:**

**ACADEMIC TITLE:**

**If "Other" please specify:**

**FIRST NAME:**

**Middle Name:**

**LAST NAME:**

**DATE OF BIRTH:**

**Gender:**

**COUNTRY:**

**Place of work:**

**If "Other" please specify:**

**Institute / Work Name:**

**Department Name:**

**Institute / Work Address**

**Street & Number:**

**State / Province:**

**ZIP:**

**City:**

**Private / Second Address**

**Street & Number:**

**State / Province:**

**ZIP:**

**City:**

**Prefered Corresponding Address:**

**Phone:**

**Mobile:**

**Fax:**

**e-mail(1):**

**e-mail(2):**

**CERTIFIED SPECIALTY or  
Professional Sector:**

**Years in Certified Specialty:**

**PRESENT POSITION:**

**MAIN AREAS OF INTEREST IN ONCOLOGY (up to 3), i.e. breast cancer, targeted therapies, colorectal cancer, etc.:**

1.

2.

3.

**Membership affiliations: ESMO:**

**ASCO:**

**Other (please specify):**

**Membership category:**



Please provide the names of 2 (two) MMOF Full members that could provide recommendations for your application.

The second MMOF Full member supporting your application could be the National Representative from your country. In case you do not know a MMOF Full member name, please contact MMOF membership at mmof.info@gmail.com

1.

2.

### I. FEES

<b>FULL MEMBERS</b>	<b>50 €</b>
<b>JUNIOR MEMBERS</b>	<b>20 €</b>

### Payment can be effected either:

#### a) By bank remittance stating the "Mediterranean Multidisciplinary Oncology Forum", as well as the name of the Doctor:

- **For Foreign Participants:**  
To Bank of Cyprus - Athens Branch - 11  
Vas. Sofias Ave. & Sekeri Str., GR-106 71 - Athens, Greece  
to the order of **ERA Ltd** Account No: **1179040** (Swift Code: BCYPGAAA)  
IBAN Code: GR 6907300010000000001179040  
**Charges to be paid by sender**
- **For Greek Participants:**  
To Alpha Bank to the order of **ERA Ltd** Account No: **101.00.2002044307**

Please enclose a copy of the transfer receipt with the form.

#### b) By major credit cards. Please complete the relevant information as described below.

I authorise ERA Ltd to debit my Credit Card for the Sum of : **EUR 50** (the sum appears automatically, according to your selected Membership category)

**Credit Card Type:**

**Card Number:**

**Expiration Date:**

**Valid from (only for AMEXCO card holders)**

**Cardholder name:**

**Signature:**

**Date:**

18.11.2014