



# 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 1<sup>st</sup> 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 1<sup>st</sup> 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](mailto: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](mailto:info@cutaneouslymphoma.org). Within approximately 1-2 months you will then be notified of membership application status. Thank you!