

GEICAM MEMBERSHIP FORM

Surname :

Name :

Degree:

Address:

Locality:

Province:

Postal Code:

Phone:

Direct Phone:

Cell Phone:

Fax:

Privatemail:

ID:

Speciality:

Medical Board Num.

Birth Date:

Endorsing GEICAM Members:

Name and Surname:

Signature:

Date:

Name and Surname:

Signature:

Date:

I APPLY for membership in GEICAM and accept its statutes

Signature:

Date:

Academic Background:

Professional Activity:

Current Workplace:

Address:

Phone:

Fax:

Email Address:

Where would you like to get your correspondence?

At the hospital:

At home:

Send this completed and signed form by mail to the following address, attaching your updated CV, a copy of your speciality title and copy of your ID to:

GEICAM (Grupo Español de Investigación en Cáncer de Mama)

Avenida de los Pirineos 7, Office 1 – 3

28703 San Sebastián de los Reyes (Madrid) Tel. 91 659 28 70 Fax. 91 651 04 06.

By completing this form, you authorize ASOCIACIÓN GRUPO ESPAÑOL DE INVESTIGACIÓN EN CÁNCER DE MAMA Y A LA FUNDACIÓN GRUPO ESPAÑOL DE INVESTIGACIÓN EN CÁNCER DE MAMA (GEICAM) to register your personal data, in order to manage membership applications and relationships with members. You also authorize that your data is transferred to third parties related to the profession, so you may receive information that may be of your interest. Your data will be used in agreement to the Spanish regulation (Spanish law 15/1999 of Personal Data Protection and the Royal Decree 1720/2007) and the European law 1995/46/EC. You can exercise your rights ARCO through communication addressed to GEICAM.