



INTERNATIONAL SOCIETY FOR CUTANEOUS LYMPHOMAS

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 Executive Committee of the ISCL 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

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

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

Check Category: General Associate Resident

Title and Name: _____

Specialty: _____

Institution: _____

Street Address: _____

City: _____

State and Country: _____

Postal/Zip Code: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Number of cutaneous lymphoma patients followed: _____

Research Interests: _____

Representative Publications: _____

Please send the completed application and application fee (\$50, which also serves as first year's dues) to:

By mail and check (made out to ISCL)
International Society for Cutaneous Lymphomas
303 West State Street
Geneva, IL 60134 USA

Electronically:
Submit payment of application fee by PayPal at www.cutaneouslymphoma.org and e-mail application to:
info@cutaneouslymphoma.org

For questions, please e-mail Dr. Youn Kim, Secretary/Treasurer, at: younkim@stanford.edu

You will be notified of membership application status by email.