



APPLICATION FORM OF

**Medical Charity Foundation
Nonprofitable Organization
to Provide Treatment to
Kind of Cancer, and to Poor Individual's suffering From any Health's Issues.**

MEMBERSHIP

**Against Cancer (MCFC) is a
with Aims to Prevent Cancer,
Patients who are facing any**

Please Accept the following Personal Details in regards to Membership For MCFC

New Membership | Renewal of my Membership No

Title: Mr Mrs

Full Name:

Residential Address:

Telephone: Home Country:

Email: Date of Birth.....

**I enclose my Annual Membership Subscription of 120 US-dollars direct Deposit in the
Foundation Bank Account:**

Membership Applies For the Year: 20

Send the proof of the payments with your full name to the Foundation

**Candidate Declaration : I am over the age of Eighteen (18) and i confirm that all the above
information is true and correct .My wish is to enter my name on the Register of Members
of MCFC**

Signature: Date:

For Office Use Only

Membership Approved : Yes..... No.....

If not Approved,reason for no-approval:

President Signature: Date:

If approved, Membership Number Assigned: