

KCK Registration No:

Membership Card No:



(THE TEENAGE WING OF CANKIDS...KIDSCAN)
MEMBERSHIP FORM

A) PERSONAL INFORMATION

Name:		
DOB:	Age:	Sex:
Address:		
Contact no. :	Email address:	
	Face Book Link:	
	Twitter/Skyup Link:	
Educational qualification:		
Name of School/College/University:		
Occupation DETAILS:		
I AM A:		
SURVIVOR <input type="checkbox"/>	PATIENT <input type="checkbox"/>	FRIEND <input type="checkbox"/> Sibling <input type="checkbox"/>
HOBBIES: _____		

B) CANCER INFORMATION (For Cancer patients/ Survivors Only)

Type of Cancer:		
Date of diagnosis:	Duration of treatment:	Date of Cure:
Doctor's name:	Hospital Name: Address:	
Any Relapses? DETAILS.		
Are you receiving after cancer care? Yes/No	Where?	
Any short or long term side effects? BRIEF DETAILS		

I, as a member, would like to:

- Create a common platform for Childhood Cancer Survivors in India
- Build networks and collaborate with survivors groups worldwide
- Create awareness about Childhood Cancer
- Advocacy on Survivor's Issue
- Build Successful Childhood Cancer Ambassadors
- Provide Support services to teenage and young adult cancer patients and survivors
- Helping With IEC
- Do Patient support & counseling
- Do Fundraising Activities

(More than 1 option can be selected, contact president for details)

C) Write your experience with cancer, as a cancer survivor/ cancer patient/ peer/ sibling.

D) Why do you want to join Kidscan Konnect (KCK)? What is your expectation from KCK

E) How will you contribute to KCK?

F) Are you already giving back to the Cause or connected with any other survivor group?

G) Do You want to be Childhood Cancer Ambassador for India? If yes then tick in the Box and take pledge.

YES

I pledge to enthusiastically participate in the activities of KCK.

As a warrior (survivor/patient), I promise to continue with courage, my battle to defeat cancer, & as a friend, to support my warrior friends.

MEMBER'S SIGNATURE

PARENT'S SIGNATURE

DATE:

RECEIVER'S SIGNATURE:

Director/Mentor Signature: