



# Society of Oncology and Cancer Research of Nigeria (SOCRON)

## **MEMBERSHIP APPLICATION FORM**

The Society of Oncology and Cancer Research of Nigeria is a society of multidisciplinary health professionals who treat or research cancer in Nigeria.

### **Mission statement**

1. Improving cancer care, research and prevention in Nigeria
2. Advancing the education of health care professionals in the care of cancer patients and supporting the development of clinical and laboratory cancer research
3. Fostering communication among cancer related medical sub-specialties and exchange of ideas related to cancer including its biology, prevention, diagnosis, staging, treatment and psychosocial impact
4. Advocating public policy that ensures patient access to high-quality cancer care and supports increased research
5. Assisting cancer care professionals to address challenges of modern day cancer care

Membership of SOCRON is open to all health professionals interested in the promotion and fostering of exchange and diffusion of information and ideas relating to human neoplastic diseases, including the biology, diagnosis, staging, treatment and psychosocial impact of cancer on human beings; furthering the training of all persons in clinical research and in the total care of patients with neoplastic diseases; encouragement of optimal communication between the various specialties concerned with neoplastic disease and facilitation of delivery of health care.

### **1. Active Membership**

1. Experienced physicians licensed to work in Nigeria who have a predominant interest in the diagnosis and total care of patients with neoplastic disease and who are directly involved in and responsible for the care of such patients; in exceptional cases, other physicians who have made significant contributions to the field shall be eligible for Active Member status. Determination will be by the Executive Committee of the Society
2. Experiences health professionals at the doctoral level (e.g., epidemiologists, biostatisticians, public health specialists, nurses, other scientists, etc.) or individuals with equivalent academic ranks (in the latter instance to be determined in each case by the Membership Committee) who have predominant interest in the biology, diagnosis, prevention or treatment of human cancer shall be eligible for Active Member status.
3. Qualified scientists working in Nigeria who have established a record of scholarly activity resulting in original, peer-reviewed publications relevant to cancer and biomedical research.
4. In recognition of the contributions of cancer patient advocates to oncology research and treatment and to cancer survivorship, the Society will grant Active Member status to individuals who hold leadership positions or have taken a distinguished leadership role in a nationally recognized not-for-profit organization dedicated to cancer patient advocacy or survivorship, as may be designated by the Executive Committee from time to time.
5. The Executive Committee of the Society may also invite other individuals who have made substantial contributions to cancer research in an administrative capacity or educational capacity to active membership
6. Rights of Active Members:
  1. Active Members will have the right to attend meetings and may submit and sponsor abstracts
  2. Active Members will be eligible to serve on all Committees of the Society.
  3. Active Members may sponsor candidates for membership in the Society.
  4. Active members have the right to vote and be voted for elective office in the Society

### **2. Associate Membership**

Please e-mail completed form and enclosures to SOCRON Member Services [info@socron.net](mailto:info@socron.net)

Visit SOCRON at <http://www.socron.net>

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**Page 1**



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1. The Society will grant Associate Member status to students of the health profession including those having an MBBS, BMChB, PhD, BPharm., BNurs. or other pre-doctoral degree, who are participating in an approved training program, medical students, residents, clinical fellows who are enrolled in academic programs that could lead to careers in cancer research. Applications for Associate Membership shall be considered after verification of participation in the program from the applicants' Training Program Director or Faculty Dean.
2. Rights of Associate Members:
  1. Associate Members shall have the right to attend meetings.
  2. Associate Members may submit and sponsor (with the countersignature of their Program Director) one abstract each year for which they must be the presenter and the first author.
  3. Associate Members may not hold office or vote, except that they may serve as voting members of Committees of the Society.
  4. Associate Members may not sponsor candidates for membership in the Society.
  5. Associate Membership shall lapse automatically at the earlier of four (4) years from the date of application or the conclusion of the individual's participation in the training program. At such time, Associate Members shall transfer to Active membership upon verification of their satisfactory completion of the approved Training Program.

### 3. Sustaining Membership

Sustaining membership shall be open to organizations in recognition of annual payment of dues and other substantial contributions in support of the purposes and activities of the Society. Employees of sustaining member organizations are not eligible to vote, hold office or nominate new members unless they are also individual members of the Association with such rights.

All applications are reviewed by the Membership Committee, which reserves the right to make the final determination of the appropriate membership type for each applicant. Induction into the Society is not automatic. **Please do not send payment at this time. You will be invoiced upon approval of membership.**

Based upon the membership category chosen, applicants must submit the following documentation along with their completed membership application

#### A. For Active membership

- a. Completed and signed membership application
- b. One SOCRON member sponsor endorsement signatures

#### B. For Associate membership

- a. Completed and signed membership application
- b. Two SOCRON member sponsor endorsement signatures
- c. Signed letter of attestation of status by Dean of School (for students), Directors of Training Programs or their equivalent

#### C. For Sustaining membership

- a. Completed and signed membership application
- b. Letter of attestation by company director, or chief executive officer



# Society of Oncology and Cancer Research of Nigeria (SOCRON)

i. Name: \_\_\_\_\_  
First Middle Last

ii. E-mail Address: \_\_\_\_\_

iii. Qualification:  BMChB  MBBS  PhD  BPharm  
 RN/RM  Other (please specify): \_\_\_\_\_

iv. Gender:  Male  Female Date of Birth (Optional): \_\_\_\_\_

v. Hospital/Institution/Organization Address:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
E-mail

### vi. Undergraduate/Primary Professional Education

Degree	Year Received	Institution

### vii. Postgraduate/Specialization Information

Start Date	End date	Institution	Title/Type of Postgraduate Training

### viii. For students, residents and fellows applying for Associate membership only

Start Date	End date	Institution	Title/Type of Postgraduate Training



# Society of Oncology and Cancer Research of Nigeria (SOCRON)

Name of Dean/Head of Department/Program Director/Head of School:

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E-mail of Dean/Head of Department/Program Director/Head of School:

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Phone number of Dean/Head of Department/Program Director/Head of School:

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ix. Nature of Oncology Related Activities	Indicate percentage time spent
a. Clinical activities	<input type="checkbox"/> <input type="checkbox"/>
b. Laboratory	<input type="checkbox"/> <input type="checkbox"/>
c. Research	<input type="checkbox"/> <input type="checkbox"/>
d. Teaching	<input type="checkbox"/> <input type="checkbox"/>
e. Administration	<input type="checkbox"/> <input type="checkbox"/>
f. Pharmaceutical company	<input type="checkbox"/> <input type="checkbox"/>
g. Student	<input type="checkbox"/> <input type="checkbox"/>

**One Sponsor Signature needed for Active membership, Two Sponsor**

**Signatures are needed for Affiliate and Associate membership**

*Applicant, please provide completed application and curriculum vitae to sponsors for their review prior to obtaining their signatures below.*

- x. **Sponsor Attestation:** I hereby acknowledge by signing this statement of sponsorship, that the information provided above and on the attached curriculum vitae is true and that this candidate adheres to accepted ethical scientific standards and has or will make a long-term contribution to the field of oncology.

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Sponsor Name

Sponsor Signature Date:

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Sponsor Name

Sponsor Signature Date

