



Society of Oncology and Cancer Research of Nigeria (SOCRON)

MEMBERSHIP APPLICATION FORM

The Society of Oncology and Cancer Research of Nigeria is a multidisciplinary society of health and allied professionals, researchers, scientists and students involved in the biology, diagnosis, staging, treatment and psychosocial impact of 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 patients access to high-quality cancer care and supports increased research;
5. Assisting cancer care professionals to address challenges of modern-day cancer care.

1. Active Membership

1. Physicians licensed to work in Nigeria who have a predominant interest in neoplastic disease and are directly involved in the care of such patients.
2. Health and allied professionals, scientists and researchers (e.g Nurses, Medical Laboratory Scientists, Pharmacists, Epidemiologists, Biostatisticians, Public health specialists) who have predominant interest in human cancer are eligible for Active Member status.
3. Cancer patient advocates.
4. 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.
5. 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

1. The Society will grant Associate Member status to students of the health and allied professions, and other scientific fields.
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 Membership shall lapse automatically at the conclusion of the individual's participation in the 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 Society 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.**

All applicants must submit properly completed membership applications.



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

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

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

- | ix. Nature of oncology related activities | Indicate percentage of 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"/> |

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

Applicant's Name

Signature

Date

Where an applicant chooses to submit the application by e-mail, a separate e-mail from the applicant containing the attestation above will suffice in lieu of signature.

*** Applicants should also send their recent passport photographs and photocopy of their credentials along with their applications.**