



## MEMBER STATE APPLICATION

Membership in the World Federation of Neuro-Oncology Societies (WFNOS) shall be open to any national neuro-oncology society, or confederation of neuro-oncology societies, that provide services to registered members with advanced educational degrees, consisting of M.D., D.O., Ph.D., or an internationally recognized equivalent. By making this application, our organization officially requests membership in the WFNOS and acknowledges that we have read and agree to the provisions set forth in the WFNOS Charter.

OFFICIAL NAME OF ORGANIZATION: _____
CONTACT NAME: _____
TITLE: _____
WEBSITE: _____ EMAIL: _____
ADDRESS: _____
_____
_____
_____
REGION/COUNTRY SERVED: _____
DATE ESTABLISHED: _____
NUMBER OF MEMBERS: _____
MISSION STATEMENT:

Please return completed form to:  
World Federation of Neuro-Oncology Societies  
[chas@soc-neuro-onc.org](mailto:chas@soc-neuro-onc.org)  
PO Box 131401, Houston, Texas, 77219, USA