



World Society for Breast Health

Advancing Breast Health Education

Support WSBH

Thank you for your interest in contributing to The World Society for Breast Health. You are our most valuable resource. This form may be used to leave suggestions, comments, and to make contributions. Information provided will be kept confidential.

Name (print in capital letters):

First name(s): Title: Position:

HOME ADDRESS:

City: Postal Code: Country:

OFFICE ADDRESS: Institution:

Address:

City: Postal Code: Country:

Tel: Fax: E-Mail:

Medical and/or scientific specialty/ies:

Preferred mail address: HOME OFFICE

Date Applicant's signature



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Payment

I wish to make a donation in the amount of US \$ _____

I would like to become a member of WSBH US \$50

I am already a member. **TOTAL US \$** _____

Credit card*: I authorise WSBH to debit my VISA Eurocard/MasterCard Amex

Card No.: _____ Exp. Date: _____ CW code _____

Cardholder's Name: _____

Cardholder's address (associated with the card): _____

Amount: _____ Signature: _____

Bank transfer

Please send me an invoice

Make all drafts payable to **WORLD SOCIETY FOR BREAST HEALTH**

and return this form (and payment if applicable) to:

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