



AfrECC Membership Application Form

Thank you for your interest in joining the African Esophageal Cancer Consortium (AfrECC) as a consortium member. Consortium membership is free for either individuals or Institutions/Centers.

Consortium membership will be reviewed and voted on by the Steering Committee (SC), based on meeting all criteria below:

- Submission of completed membership application form
- Commitment to attending at least two (1/3 of the) bimonthly AfrECC General meetings

Please complete the application below, save, and email your application to [Ms. Laura Boyer](#), Cc'd to [Dr. Valerie McCormack](#). Your submitted application will be reviewed during an upcoming Steering Committee call.

Application Information

Name of applicant

Position

Institution/Center

Country

Contact Information:

Email:

Phone number:

Short biography (Center/Institution or Individual Member)

