



ThyCa: Thyroid Cancer Survivors' Association, Inc.
www.thyca.org

Membership Sign-Up Form

New Member or Renewal

Please print this form and mail it to the address below with your check, money order, or credit card information. We welcome members living anywhere in the world.

Mailing address:

ThyCa: Thyroid Cancer Survivors' Association, Inc.
Membership
PO Box 1102
Olney, MD 20830-1102 USA

Membership dues: ___ 1 year- \$25.00 (US\$) ___ 2 years- \$45.00 (US\$) ___ Lifetime- \$225.00(US\$)

PAYMENT METHOD: ___ My check or money order payable to ThyCa is enclosed
___ Please charge my ___ Visa ___ Mastercard ___ Discover

Card # _____ Exp. _____ CVV _____

Name as it appears on the Card _____

Signature _____

Required Contact Information: (No identifying information or mailing address will be made known to any person or organization outside of ThyCa)

1. Name: _____

2. Mailing address: _____

City _____ State/Province _____ Country _____ Postal Code _____

Optional Information:

Please provide as much optional information as you choose.

3. Telephone number: _____

4. E-mail address: _____ 5. Birth year: ___ 6. Sex: ___

7. Are you joining ThyCa as a:

___ Thyroid cancer survivor ___ Caregiver ___ Health Care Professional ___ Other _____

Optional: Thyroid Cancer Survivors, please complete the following:

8. Age at diagnosis ___ 0-9 ___ 10-19 ___ 20-29 ___ 30-39 ___ 40-49 ___ 50-59 ___ 60-69 ___ 70-79
___ 80+

9. Type of thyroid cancer (check all that apply) ___ Papillary ___ Follicular ___ Hurthle
___ Anaplastic ___ Medullary: ___ Sporadic ___ Familial ___ Other details _____

10. Surgery ___ Partial thyroidectomy ___ Total thyroidectomy ___ Partial followed by completion
___ Neck Dissection ___ Additional surgeries: specify _____

11. Treatment ___ Radioactive iodine ___ How many times? _____ Total millicuries
___ External beam radiation ___ Chemotherapy ___ Other: specify _____

12. What type of physicians have you used for your thyroid cancer? (Check all that apply)
___ Endocrinologist ___ General or Family Practitioner ___ Oncologist ___ ENT or Endocrine Surgeon
___ General Surgeon ___ Oncological Surgeon ___ Other: specify _____

Thank you very much for your wonderful support.