



Membership Form

Thank you for your interest in membership of the Esophageal Cancer Awareness Association (ECAA).

The ECAA depends on its active members to ensure our growth and to increase our ability to spread awareness of esophageal cancer to the general public and to the medical community.

ECAA life membership is \$25.00 for a single membership or \$30.00 for a couple (husband and wife, partnerships, patient and caregiver, and so on). This is tax-deductible and essential to our mission.

Please send your details and a check for your membership to:

Bob Ginsberg (ECAA Treasurer), P.O. Box 55071 #15530, Boston MA 02205-5071

Personal Details

Name (Last, First): _____

Address: _____

Phone : _____ (H) _____ (M)

Email: _____

Interest (Optional)

- I am an esophageal cancer patient or survivor
- I am or was a caregiver to an esophageal cancer patient or survivor
- I am a medical professional
- Other (Please specify)

Volunteer Interest

- Form a local support or contact group
- Outreach to patients
- Distribute support materials at clinics and hospitals
- Membership campaigns
- Fundraising