



Application for 2020 SIO Membership Scholarship

SIO Membership Scholarship is an opportunity to provide assistance to individuals whose financial circumstances are such that full payment of membership dues would pose a financial hardship. Please complete and submit the following to info@integrativeonc.org with the subject line "membership scholarship" or mail to SIO, 136 Everett Road, Albany NY 12205. For more on the benefits of membership, please visit: <https://integrativeonc.org/join-sio>.

Name: _____

Date: _____

Email: _____

SIO membership dues amount *(please check one)*

- Trainee (\$99) ___
- Student (\$50) ___
- Patient Advocate (\$99) ___

How long have you been an SIO member? *(If this is your first year signing up, please write "0")* _____

Briefly describe your activity within SIO. *(Are you a member of an SIO Committee, Task Force or Special Interest Group or involved in other SIO activities?)*

Briefly describe any financial hardship preventing payment of SIO membership dues.
