



Membership Application

Thank you for your interest in joining the GI Cancers Alliance (GICA)
Please fill out the application below and submit to contact@gicancersalliance.org

Advocacy Organization

Organization Name: _____

Address: _____

Phone Number: _____

Website: _____

Organizational Focus: _____

Type of organization:

Patient Advocacy (Non-profit/501(c)3 Status)

Organization Representative

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Please select a committee to serve on: *(all member organizations are required to serve on at least 1 committee)*

Finance

Programs & Education

Governance

Organization Representative 2 (not required)

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Please select a committee to serve on: *(all member organizations are required to serve on at least 1 committee)*



Please briefly explain your interest in joining the GI Cancers Alliance

Primary areas of interest (i.e. research, advocacy, etc.)

Mission/Vision Statement of Organization:

- I understand that if approved as a member of the GI Cancers Alliance that organizations are assessed annual dues according to the GI Cancers Alliance Governance Structure.

Following are the 2017 – 2018 advocacy dues based on the organization’s annual budget:

Under \$25,000 Annual Dues = \$50

Between \$25,001 - \$50,000 = \$75

Between \$50,001 - \$100,000 = \$150

Between \$100,001 - \$250,000 = \$200

Between \$250,001 – \$500,000 = \$300

Between \$500,001 - \$750,000 = \$400

Between \$750,001 – 1,000,000 = \$500

Between 1,000,001 – 2,000,000 = \$700

Over 2,000,001 = \$900

Please attach a copy of the organization IRS non-profit letter/501(c)3 documentation

Submit to contact@gicancersalliance.org

The GICA Membership/Long-Range Planning Committee will contact you to schedule a phone interview.

Thank you for your interest in becoming a member of the GI Cancers Alliance.