

Herbal Cancer Center Membership Association

Last Name _____, First Name _____ Date _____

Sex: Female _____, Male _____, Date of Birth: Day ____/ Month ____/ Year ____/ SSN _____

Phone-1 _____ Phone-2 _____ e-mail _____

Home Address _____

_____ Zip _____ Country _____

Emergency Contact Person: Last Name _____, First Name _____

Phone-1 _____ Phone-2 _____ e-mail _____

Membership Benefits:

- 1) Share the information of advances on herbal cancer treatments with the HCC members.
 - 2) Get 20% discount of visiting and consulting fee, and purchase herbal remedies from HCC.
 - 3) Free attend the HCC Membership Association Annual Meeting and its local travel.
 - 4) Receive a free copy of Global Herbs Magazine.
 - 5) Get a Certificate of HCC Membership Association.
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I am 18 year-old and I understand fully the following statements. I hereby have agreed to join the Herbal Cancer Center Membership Association and become a HCC member. I have also authorized Herbal Cancer Center in the USA to collect my past medication records, pictures, CT-scan and MRI images for HCC follow-up studies.

Signature _____, Day ____/ Month ____/ Year ____/ Place _____

The following patient's data can be obtained from your primary care physicians that are necessary before starting your herbal cancer therapy.

1. Copies of patient's past medication records,
 2. Result of recent blood test,
 3. Recent ECG report,
 4. Pathological diagnosis and
 5. CT scan images or MRI images and their report(s) from radiologists.
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Description of Your Past Medication Records in English (including CT Scan, Pathological Diagnosis and Records of Surgery, Chemotherapy, Radiotherapy and Biotherapy. HCC will keep your confidential and privacy under your authorization in writing).