



Association of Community Cancer Centers

The premier education and advocacy organization for the oncology team.
Phone: 301.984.9496 Fax: 301.770.1949 Email: membership@accc-cancer.org

Association of Community Cancer Centers
Institution/Group Practice Membership Application

1. Applicant Information:

Institution/Group Practice Name:
Program Name (if different from above):
Institution Address:
City: State: Zip:
Institution Web Address:
Name of Person Filling Out this Form:
Title:
Phone: Fax: Email:

2. Delegate Representative Information and Responsibilities:

Name: Degree:
Title:
Address (if different from above):
Phone: Fax: Email:

The Delegate Representative's responsibilities include:

- Distributing new membership cards within your organization
Voting for Board of Trustees, and Nominating Committee positions
Distributing notices of Bylaws addenda
Distributing business meeting notices
Participating in free, invitation-only, special events during Fall and Spring Annual Meetings

3. Payment Method:

Our institution/group practice wishes to apply for ACCC membership. Our payment of \$1,045 is enclosed. We understand this constitutes our first-year dues once our application has been approved. (Check should be made payable to Association of Community Cancer Centers.)

Check Visa MasterCard Acct.

Expiration Date: Card Holder:

Card Holder Signature:

Note: ACCC membership is established on a fiscal year basis (July 1 through June 30). New members who join on or after December 1 shall be charged at the rate of one-half the annual dues. The remaining half will be applied towards the following year's dues.



Association of Community Cancer Centers

The premier education and advocacy organization for the oncology team.
Phone: 301.984.9496 Fax: 301.770.1949 Email: membership@accc-cancer.org

4. Indicate That Your Institution Meets the Following ACCC Membership Criteria:

- Diagnose and/or treat a minimum of 100 patients per year
- Have access to or participate in a Multidisciplinary Cancer Committee
- Have at least one board-certified medical oncologist, radiation oncologist or surgeon
- Have at least one oncology-certified nurse (OCN) or one who has been specifically trained in the care of patients with cancer
- Provide oncology social work services (onsite or by referral)

5. Cancer Program or Group Practice Narrative Description:

On a separate sheet of paper, please attach a short description of your institution or group practice. Or, you may email this text directly to membership@accc-cancer.org. Be sure to include the full name and address of your institution and practice, so we can match your description to this application. Narratives should be no more than 250 words.

6. Photograph or Logo of Your Institution/Group Practice:

A color photograph of your institution will appear on your online page on ACCC’s website. You may email the photo to membership@accc-cancer.org, or mail the photo with this application. Logos are accepted in lieu of a photo. (This is not mandatory for application submission but will enhance your institution’s online profile).

Hold Harmless Agreement:

“By submitting this application, the undersigned applicant agrees not to bring any action, suit, or proceeding or to assert any claim against ACCC or any of its members, officers, agents, or contractors, in law or in equity otherwise, relating to any decisions made in connection with this application or any action taken (or not taken) or any statement made in the course of their consideration of this application, and applicant expressly waives any rights it might otherwise have had to bring any such action, suit, proceeding, or to make any such claim.”

Signature: _____ Date: _____
Institution Representative

Next Steps:

1. This completed application is sent to the Membership Committee to be recommended to the Board for acceptance.
2. A new member welcome packet is sent to the designated Delegate Representative.
3. The Delegate Representative should fill out and return the requested information.

Mail completed form to:

Association of Community Cancer Centers
Membership Department
11600 Nebel Street, Suite 201, Rockville, MD 20852

Date application received (ACCC use only): _____