



IOWA ONCOLOGY SOCIETY

Executive Office:
1801 Research Boulevard, Suite 400, Rockville, Maryland 20850
Phone: 301.984.9496 Fax: 301.770.1949
www.ios-iowa.com

APPLICATION FOR MEMBERSHIP

Save this form to your computer, complete, and mail to the address shown above. If you have any questions, please contact the Membership Department, at 301.984.9496, ext. 217.

SELECT THE TYPE OF ANNUAL MEMBERSHIP:

- Regular:** Licensed physician certified or eligible to be certified in medical oncology or hematology. **Dues: \$250.**
- Group:** Four physicians in a medical oncology or hematology practice or university who meet the requirements of Regular membership qualify for Group membership. **Dues: \$1000 per practice or university group of four physicians.** Additional physicians who meet the requirements may each join as part of the Group and have the same privileges as Regular members. **Dues: \$125 each.***
- Associate:** Non-physician allied healthcare professional; Licensed physician who treats cancer patients or is interested in medical oncology and hematology issues. **Dues: \$50.**
- Fellow:** Physician participating in an approved oncology subspecialty training program. **Dues: Complimentary.**
- Retired:** Physician meeting requirements to be a Regular member but is no longer practicing medical oncology or hematology. **Dues: Complimentary.**

*** Group: On a separate sheet of paper, please list additional Regular members included in the Group membership and their corresponding contact information and submit to the IOS Executive Office.**

FIRST NAME & MIDDLE INITIAL: _____

LAST NAME: _____

SUFFIX: _____

DEGREE: _____

TITLE: _____

INSTITUTION: _____

DEPARTMENT: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY, STATE, ZIP CODE: _____

PHONE AND FAX (+ AREA CODE): _____

EMAIL: _____

SPECIALTY: _____

PRACTICE ADMINISTRATOR: _____

PRACTICE ADMINISTRATOR'S EMAIL: _____

Oncology State Society Network
Engage & Succeed.



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CHECK PRACTICE VENUE: ACADEMIC HOSPITAL OFFICE BASED

I'M INTERESTED IN SERVING IN A LEADERSHIP POSITION: YES NO

I attest that I meet the qualifications of the membership category for which I am applying, and that I will uphold the purpose(s) of Iowa Oncology Society.

Signature

Date

NOTE: The cost of the ACCC Journal *Oncology Issues* is automatically deducted from membership dues at a rate of \$10 per subscription. The portion of dues allocated to subscription is non-deductible.

Annual membership dues (January 1–December 31) must accompany application. If paying by check, please make check payable to: Iowa Oncology Society.

PAYMENT METHOD

Check
 Visa MasterCard American Express

Acct. Number

Expiration Date CSV Code

Card Holder

Card Holder Signature

If billing address is different from mailing address please provide address below.

Address: _____

Mail payment and this application to: The Arizona Clinical Oncology Society; 1801 Research Boulevard, Suite 400; Rockville, MD 20850

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