



# NORTH CAROLINA ONCOLOGY ASSOCIATION

Executive Office:  
1801 Research Boulevard, Suite 400, Rockville, Maryland 20850  
Phone: 301.984.9496 Fax: 301.770.1949  
[www.ncoa-northcarolina.com](http://www.ncoa-northcarolina.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:** Physician oncology specialist licensed to practice in NC. **Dues: \$300.**
- Group Academic:** Academic institutions. **Dues: \$3,500.\***
- Group Practice:** Three physicians in a group practice who meet the requirements for Regular membership qualify for Group membership. **Dues: \$900 per group of three physicians.** Additional physicians who meet the requirements may each join as part of the Group. **Dues: \$225 each\***
- Associate:** Allied healthcare professional including nurse practitioners, physician assistants, and pharmacists in the State of North Carolina who agree to support the scientific and educational goals of the Association and its mission. **Dues: \$100**
- Fellow:** Physician enrolled in oncology subspecialty training program in NC. **Dues: Complimentary.**
- Retired:** Oncologist eligible to be a Member, but is no longer practicing oncology. **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 it to the NCOA 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: \_\_\_\_\_

**Oncology State Society Network**  
*Engage & Succeed.*

