



SOUTH CAROLINA ONCOLOGY SOCIETY

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

APPLICATION FOR MEMBERSHIP

Tear out this form, 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 by SC board of Medical Examiners **Dues: \$295.00**
- Group:** Five physicians in a practice or university who meet the requirements for Regular Membership qualify for Group Membership. **Dues: \$1200 per practice or university group of five physicians.** Additional physicians who meet the requirements may each join as part of the Group. **Dues: \$75 each***
- Fellow:** Physician enrolled in oncology subspecialty training program in SC **Dues: Complimentary**
- Associate:** Non-physician allied health professional who is interested or involved in the care of cancer patients. **Dues: Complimentary**
- Retired:** Oncologist eligible to be a Regular member but is retired **Dues: Complimentary**

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

FULL NAME: _____

DEGREE: _____

TITLE: _____

INSTITUTION: _____

DEPARTMENT: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE AND FAX (+ AREA CODE): _____

EMAIL: _____

SPECIALTY: _____

PRACTICE ADMINISTRATOR: _____

PRACTICE ADMINISTRATOR'S EMAIL: _____

CHECK PRACTICE VENUE: ACADEMIC HOSPITAL OFFICE-BASED

I'D LIKE TO SERVE IN A LEADERSHIP POSITION: YES NO

Oncology State Society Network
Engage & Succeed.



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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 South Carolina 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: South Carolina 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: South Carolina Oncology Society; 1801 Research Boulevard, Suite 400; Rockville, MD 20850