

TENNESSEE ONCOLOGY PRACTICE SOCIETY

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

APPLICATION FOR MEMBERSHIP

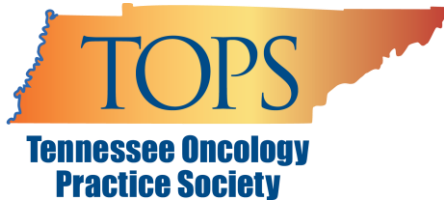
Save this form to your computer, complete, and mail to the address shown above. If you have any questions, please contact the Membership Department, at 301.984.9496, ext. 217.

SELECT THE TYPE OF ANNUAL MEMBERSHIP:

- Regular: Physician oncology specialist licensed by State of TN. Dues: \$150.
Group: Four physicians in a healthcare institution (hospital or academic) or group practice who meet the requirements of Regular membership qualify for Group membership. Dues: \$600 per institution or practice of four physicians. Additional physicians who meet the requirements may each join as part of the Group. Dues: \$75 each.
Associate: Allied health professional involved in the management or care of patients with cancer. Dues: \$50.
Fellow: MD enrolled in oncology or hematology subspecialty training program. Dues: Complimentary.
Retired: Oncologist eligible to be a Regular member but is no longer practicing oncology or hematology. 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 TOPS 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:



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I'D LIKE TO SERVE 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 Tennessee Oncology Practice 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: Tennessee Oncology Practice 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: Tennessee Oncology Practice Society; 1801 Research Boulevard, Suite 400; Rockville, MD 20850.