



Executive Office:
1801 Research Boulevard, Suite 400, Rockville, Maryland 20850
Phone: 301.984.9496 Fax: 301.770.1949
www.hsc0-hawaii.com

APPLICATION FOR MEMBERSHIP

Annual membership dues (January 1–December 31) must accompany application. Mail payment and this application to: Hawaii Society of Clinical Oncology; 1801 Research Boulevard, Suite 400; Rockville, MD 20850. If you have any questions, please contact the Membership Department at 301.984.9496, ext. 230 or ckim@acc-cancer.org.

SELECT THE TYPE OF ANNUAL MEMBERSHIP:

- Regular:** Physician oncologist specialist in active practice in HI and US Associated Pacific Territory. **Dues: \$100.00.**
- Associate:** Allied healthcare professional who is interested or involved in the care of patients with cancer. **Dues: \$25.**
- Retired:** Individual eligible to be a Regular member but is no longer in active practice. **Dues: Complimentary.**
- Member in Training:** Healthcare professional in an approved hematology-oncology subspecialty training program or any student with a strong interest in hematology-oncology and is sponsored by an active member. **Dues: Complimentary**
- 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: \$400 per group of four physicians.** Additional physicians who meet the requirements may each join as part of the Group. **Dues: \$75 each.*** Each group may enroll up to five support (non-physician) staff as Associate members. Additional support staff may join at \$25 each. Any group that is also a Cancer Program Member of ACCC may add an unlimited number of associate members at no extra charge.

*** Group: On a separate sheet of paper, please list additional Regular and Associate members included in the Group membership and their corresponding contact information and submit it to the HSC0 Executive Office.**

FIRST NAME: _____ LAST NAME: _____
 SUFFIX: _____ DEGREE: _____
 TITLE: _____
 INSTITUTION: _____ DEPARTMENT: _____
 DEPARTMENT: _____
 ADDRESS 1: _____
 ADDRESS 2: _____
 CITY, STATE, ZIP CODE: _____
 PHONE AND FAX (+ AREA CODE): _____
 EMAIL: _____

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 Hawaii Society of Clinical Oncology

Signature Date

The Hawaii Society of Clinical Oncology is a trade association exempt from tax under Internal Revenue Code section 501(c)(6). Our federal employer identification number is 99-4550014. The Society estimates that 100% of your 2020 dues and assessments are used for lobbying and will not be deductible a business expense in accordance with Internal Revenue Code section 162(c).