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## APPLICATION FOR MEMBERSHIP

**Annual membership dues (January 1-December 31) must accompany application.** Mail payment and this form to: **The Louisiana Oncology Society; 1801 Research Boulevard, Suite 400; Rockville, MD 20850.** If you have any questions, please contact the Membership Department, at [ossmembership@accc-cancer.org](mailto:ossmembership@accc-cancer.org)

### SELECT THE TYPE OF ANNUAL MEMBERSHIP:

- Regular:** Physician oncology and/or hematology specialist who is licensed, certified or eligible to be certified, and practices in Louisiana. **Dues: \$100.**
- Group Practice:** Three physicians in a group practice who meet the requirements of Regular membership qualify for Group membership. **Dues: \$300 per practice group of three 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 with each physician as affiliate 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 affiliate members at no extra charge.
- Group Academic:** Academic institutions. **Dues: \$2000.**
- Member-In- Training:** Physician enrolled in oncology subspecialty training program in Louisiana. **Dues: Complimentary.**
- Affiliate:** Allied healthcare professional who has a demonstrated interest in the care, treatment and management of cancer patients. **Dues: \$25.**
- Retired:** Oncologist eligible to be a Regular member but is no longer practicing. **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 LOS Executive Office.**

FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_

SUFFIX: \_\_\_\_\_ DEGREE \_\_\_\_\_

TITLE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

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 The Louisiana Oncology Society.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: The cost of the ACCC Journal **Oncology Issues** is included in membership dues at a rate of \$10.00 per subscription. The portion of dues allocated to the subscription is non-deductible as a charitable expense.