CANCER PROGRAM MEMBERSHIP APPLICATION

Association of Community Cancer Centers

1. Applicant Information

Hospital/Group Practice Name _____

Cancer Program Name _____

Type of Program ☐ Hospital ☐ Physician Group Practice

Other (please explain) _____

Medicare Provider # _____

(Each membership should represent one cancer program, which is defined as having a single Medicare provider number.) If you have questions, call ACCC Membership at 301.984.9496, ext. 267.

System Name (If applicable) _____

Address _____

City _____

State _____ Zip _____

Website Address _____

Telephone Number (____) _____

Fax Number (____) _____

Name of Person Filling Out this Form _____

Title _____

Email _____

2. Delegate Representative Information*

Name _____

Degree _____ Title _____

Address (if different from above) _____

Email _____

Telephone Number (____) _____

Fax Number (____) _____

☐ I would like to serve on a committee or task force.

*Each applicant must designate a Delegate Representative to serve as a key contact to ACCC. The Delegate Representative responsibilities include: providing names of all cancer program staff to receive benefits, processing the ACCC annual dues invoice, and sharing information about your cancer program.

3. Dues Payment

Annual dues are $1,260 and provides benefits to everyone on your cancer team. Contact us at membership@accc-cancer.org to inquire about discounts for healthcare systems.

To **pay by check**, please mail your payment with this completed membership application to:

Association of Community Cancer Centers
1801 Research Blvd., Suite 400
Rockville, MD 20850

☐ To pay by credit card, please check here, and submit this application by mail (see address above) or email to **membership@accc-cancer.org**. A member of our team will contact you with payment instructions. To pay by credit card over the phone, please call Membership at 301.984.9496, ext.267.

Note: ACCC membership is established on a fiscal year basis (July 1 through June 30). New members who join on or after December 1 shall be charged at the rate of one-half the annual dues. The remaining half will be applied towards the following year's dues.

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(continued)

4. Indicate that Your Cancer Program Meets the Following ACCC Membership Criteria:

Diagnose and/or treat a minimum of 100 patients per year

Have access to or participate in a Multidisciplinary Cancer Committee

Have at least one board-certified medical oncologist, radiation oncologist, or surgeon

Have at least one oncology-certified nurse (OCN) or one who has been specifically trained in the care of patients with cancer

Provide oncology social work services (onsite or by referral)

5. Cancer Program Narrative Description

THIS INFORMATION IS MANDATORY FOR APPLICATION APPROVAL.

Please attach a short description of your cancer program. Or, you may email this text directly to membership@accc-cancer.org. Be sure to include the full name and address of your cancer program, so we can match your description to this application.

6. Photograph or Logo of Your Cancer Program Facility

A color photograph of your facility will appear on your online page on the ACCC website. You may email the photo in jpg or gif format to membership@accc-cancer.org. Logos are accepted in lieu of a photo.

(This is not mandatory for application submission but will enhance your program's online profile.)

Hold Harmless Agreement

"By submitting this application, the undersigned applicant agrees not to bring any action, suit, or proceeding or to assert any claim against ACCC or any of its members, officers, agents, or contractors, in law or in equity otherwise, relating to any decisions made in connection with this application or any action taken (or not taken) or any statement made in the course of their consideration of this application, and applicant expressly waives any rights it might otherwise have had to bring any such action, suit, proceeding, or to make any such claim."

Signature: _____ Date: _____

Mail completed form to:

Association of Community Cancer Centers
Membership Department
1801 Research Blvd. Suite 400, Rockville, MD 20850
Phone: 301.984.9496 • Fax: 301.770.1949
Email: membership@accc-cancer.org
accc-cancer.org

Join 700 community cancer centers nationwide as an **ACCC Cancer Program Member**!
First-time members receive a free registration to an ACCC meeting.