



APPLICATION FOR MEMBERSHIP

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

SELECT THE TYPE OF ANNUAL MEMBERSHIP:

- Regular: Licensed physician certified or eligible to be certified in medical oncology or hematology. Dues: \$250.
Group: Four physicians in a medical oncology or hematology practice or university who meet the requirements of Regular membership qualify for Group membership. Dues: \$1000 per practice or university group of four physicians. Additional physicians who meet the requirements may each join as part of the Group and have the same privileges as Regular members. Dues: \$125 each.\*
Associate: Non-physician allied healthcare professional; Licensed physician who treats cancer patients or is interested in medical oncology and hematology issues. Dues: \$50.
Fellow: Physician participating in an approved oncology subspecialty training program. Dues: Complimentary.
Emeritus: Physician meeting requirements to be a Regular member but is no longer practicing medical oncology or hematology. Dues: Complimentary.

\* Group: On a separate sheet of paper, please list additional Regular members included in the Group membership and their corresponding contact information and submit to the IOS 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 Iowa Oncology Society.

Signature \_\_\_\_\_ Date \_\_\_\_\_