



ROCKY MOUNTAIN ONCOLOGY SOCIETY

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

APPLICATION FOR MEMBERSHIP

Annual membership dues (January 1–December 31) must accompany application. Mail payment and this form to: Rocky Mountain 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

SELECT THE TYPE OF ANNUAL MEMBERSHIP:

- Regular:** Licensed physician with interest in oncology. **Dues: \$100.**
- Associate:** Allied healthcare professional in Colorado who is interested or involved in the care of cancer patients. **Dues: Complimentary.**
- Honorary:** Retired physician, no longer practicing medicine. **Dues: Complimentary.**
- Professional in Training:** Resident or intern interested in oncology. **Dues: Complimentary.**

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: _____

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 Rocky Mountain Oncology Society

Signature

Date

NOTE: The cost of the ACCC Journal *Oncology Issues* is included in membership dues at a rate of \$10 per subscription. The portion of dues allocated to subscription is non-deductible as a charitable expense.