MONTANA STATE ONCOLOGY SOCIETY

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

APPLICATION FOR MEMBERSHIP

Annual membership dues (January 1–December 31) must accompany application. Mail payment and this form to: Montana State Oncology Society. 1801 Research Boulevard, Suite 400; Rockville, MD 20850.

If you have any questions, please contact Membership at ossmembership@accc-cancer.org.

SELECT THE TYPE OF ANNUAL MEMBERSHIP:

☐ **Regular:** All Montana-licensed physicians who are certified or eligible to be certified in medical oncology or hematology. **Dues: $200.**

☐ **Associate:** Allied healthcare professionals including, but not limited to, registered nurses, nurse practitioners, physician assistants, pharmacists, cancer registrars, administrators, managers, social workers, or other healthcare professionals. **Dues: Complimentary.**

☐ **Retired:** Physician eligible to be a Regular member but who no longer practices oncology or hematology in Montana. **Dues: Complimentary.**

FIRST NAME & MIDDLE INITIAL: _____

LAST NAME: _____

DEGREE: _____

TITLE: _____

ORGANIZATION:_____

ADDRESS 1: _____

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 Montana State Oncology Society.

_____ _____
Signature Date