



NEW MEXICO SOCIETY OF CLINICAL ONCOLOGY

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

APPLICATION FOR MEMBERSHIP

Annual membership dues (January 1–December 31) must accompany application. Mail payment and this form to: New Mexico Society of Clinical Oncology, 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:** Individual physician licensed by the state of New Mexico to practice and has a stated specialty in hematology or oncology, or a clinical interest and/or practice pertaining to cancer patients. **Dues: \$200.**
- Associate:** Allied healthcare professional who is interested or involved in the care of patients with cancer. **Dues: \$50.**
- Fellow:** Physician enrolled in oncology subspecialty training program in New Mexico. **Dues: Complimentary.**
- Retired:** Physician eligible to be a Regular member but who no longer practices oncology or hematology in New Mexico. **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 New Mexico Society of Clinical Oncology.

Signature

Date