



TEXAS SOCIETY OF CLINICAL ONCOLOGY

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

APPLICATION FOR MEMBERSHIP

Annual membership dues (January 1–December 31) must accompany application. Mail payment and this form to: Texas Society of Clinical Oncology; 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:** Physician who practices oncology or hematology in TX and is licensed by the TX Board of Medical Examiners. **Dues: \$50.** First year practitioners: **Dues: Complimentary.**
- Group:** Group memberships available for physicians in an oncology practice or university. For details or information, contact the Membership Department at ossmembership@acc-cancer.org.
- Affiliate:** Allied health professional interested in the care of persons with cancer including nurse practitioners, physician assistants, pharmacists, radiation therapists, registered nurses, cancer registrars, cancer research personnel, managers, business staff, social workers, and others. **Dues: Complimentary**
- Fellow:** Physician enrolled in oncology or hematology training program who presents a letter of reference from the training program director. **Dues: Complimentary.**
- Retired:** Physician eligible to be Regular member but who no longer practices oncology or hematology in TX. **Dues: Complimentary.**
- Corresponding:** Oncologist who resides outside TX. **Dues: \$50.**

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 Texas Society of Clinical Oncology.

Signature

Date