



# VIRGINIA ASSOCIATION OF HEMATOLOGISTS & ONCOLOGISTS

Executive Office:  
1801 Research Boulevard, Suite 400, Rockville, Maryland 20850  
Phone: 301.984.9496 Fax: 301.770.1949  
[www.vah-o.com](http://www.vah-o.com)

## APPLICATION FOR MEMBERSHIP

**Annual membership dues (January 1–December 31) must accompany application. Mail payment and this application to: Virginia Association of Hematologists and Oncologists; 1801 Research Boulevard, Suite 400; Rockville, MD 20850.**

If you have any questions, please contact the Membership Department at [ossmembership@accc-cancer.org](mailto:ossmembership@accc-cancer.org)

### SELECT THE TYPE OF ANNUAL MEMBERSHIP:

- Active:** Board eligible and licensed physician engaged in the practice of oncology and hematology. **Dues: \$100.00.**
- Emeritus:** Individual eligible to be an Active member but is no longer active in oncology or hematology care. **Dues: Complimentary.**
- Associate:** Allied health professional with an interest and involvement in the care of patients with cancer. **Dues: \$50.**
- Member in Training:** Healthcare professional participating in an approved hematology-oncology subspecialty training program. **Dues: Complimentary.**

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 the Virginia Association of Hematologists and Oncologists.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date