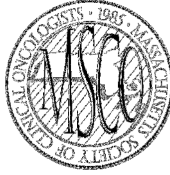

MASSACHUSETTS SOCIETY OF CLINICAL ONCOLOGISTS, INC.
2013 MEMBERSHIP APPLICATION

Name: ______________________________ Date of Birth: ______________________

Preferred Address: *(Please check one)* ☐ Business Address ☐ Home Address

Business Address: ______________________ Home Address: ______________________

Phone: ____________ Fax: ____________ Phone: ____________ Fax: ____________

Email: ______________________ Email: ______________________

Education and Training

Medical School: ______________________ Medical Degree: ________ Year: ________

Residency: ______________________ Start/Completion Dates: ______________________

Fellowship: ______________________ Start/Completion Dates: ______________________

Board Certifications with Date Certified: ______________________

Specialty / Subspecialty: ______________________

MA License Number: ______________________ Effective Date: ______________________

Additional Information

Type of Practice Solo Group Private Academic Other ______________________

Corporate Name: (If applicable) ______________________

List the HMOs, PPOs, etc., that you belong to: ______________________

Is any part of your practice of oncology performed in another state? If so, where? ______________________

Are you a member of the American Society of Clinical Oncology? Yes No

Are you a member of the Massachusetts Medical Society? Yes No

I hereby apply for membership in the Massachusetts Society of Clinical Oncologists. I certify that I am a practicing oncologist, hematologist, or oncology sub-specialist in the state of Massachusetts with an MD or DO degree.

Signature: ______________________ Date: ______________________

Category of Membership *(Please check one)*

☐	Physician	**$250**	(October through September 2013) Open to physicians actively in the practice of oncology
☐	Resident/Fellow	Free	Open to physicians actively engaged in post-graduate oncology studies

Check Total: ______________ Check # ________ Date: ______________________

Please mail completed application with applicable payment made payable to MSCO to:

Massachusetts Society of Clinical Oncologists, Inc. (MSCO)

PO Box 9154, Waltham MA 02454

Phone: (781) 434-7317 Fax: (781) 893-2105