



Oklahoma Society of Clinical Oncology (OSCO)
8805 North 145th East Avenue, Suite 203
Owasso, OK 74055
Phone: 918-274-8374 Fax: 918-274-8354

www.oscoOK.org

2012 Application for Physician Membership

Name: _____ Degree(s): _____

Date of Birth: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Practice Name: _____

Website: _____

Office Address #1: _____ County: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Ext: _____ Fax: _____

Office Address #2: _____ County: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Ext: _____ Fax: _____

Undergraduate School: _____ From: _____ To: _____

Medical School: _____ From: _____ To: _____

Residency School: _____ From: _____ To: _____

Fellowship School: _____ From: _____ To: _____

Board Certified: Yes _____ No: _____

Name of Board: _____

Subspecialty (s): _____

Current Hospital (s) where you have Privileges:

In the space provided, please briefly describe the nature of your oncology activities, including a description of your medical practice, specific interests, and percent of time devoted to cancer patients.

Please suggest some topics and/or speakers you would like to see at an OSCO educational meeting:

OSCO needs help in the following areas. Please indicate if you are interested in helping.

- | | | |
|---|---|---|
| <input type="checkbox"/> Legislative Issues | <input type="checkbox"/> Payor Advisory | <input type="checkbox"/> Programs/Education |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Membership | <input type="checkbox"/> Website |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Oncology History | <input type="checkbox"/> Board Members |

Who on your staff do you want to be a member of OSCO?

(Office staff is included in your membership, nurse memberships are \$20.00 a year).

	Name	Position	Email
1.	_____		
2.	_____		
3.	_____		

We also need a picture of you for the OSCO website – please Email them to Brenda@mjexecmgmt.com

I will be paying dues by: _____check _____[PayPal](#)

Signature: _____ Date: _____

Annual Dues:

- | | |
|---------------------------|---------------|
| Physicians: | \$200.00/year |
| Nurses/affiliate members: | \$20.00/year |

Please return completed information and dues to:

OSCO
8805 N 145th E Ave., Ste 203
Owasso, OK 74055

Questions:

Call: 918-274-8374

Fax: 918-274-8354

Email: maryjo@oscook.org

OSCO dues are not deductible as a charitable contribution for federal tax purposes. However, they may be tax deductible as ordinary and necessary business expense subject to restrictions imposed as a result of association lobbying activities. OSCO estimates that the nondeductible portion of your dues-the portion which is allocable to lobbying-less than 5%.