



Application for Corporate Membership

Corporation Name: _____

Level of Membership Applied for:

Bronze (\$2,000) Silver (\$4,000) Gold (\$7,500) Platinum (\$10,000)

Contact name at corporate office (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Key Contact

Representative Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Email: _____

Signature of Applicant: _____ Date: _____

Patient assistance Programs

Website: _____ Phone: _____

Email JPEG image of logo to Breana@mjexecmgmt.com

Questions?

Call: 918-274-8374

Fax: 918-274-8354

E-mail: Osco@oscook.org

Please return completed application and dues to:

Oklahoma Society of Clinical Oncology

8805 N 145th E Ave, Ste 203

Owasso, OK 74055

Tax ID #: 73-1392619

(Additional applicants may be listed on page 2)

1. Corporate Representative Name: _____

Email Address: _____

Phone: _____

2. Corporate Representative Name: _____

Email Address: _____

Phone: _____

3. Corporate Representative Name: _____

Email Address: _____

Phone: _____

4. Corporate Representative Name: _____

Email Address: _____

Phone: _____

5. Corporate Representative Name: _____

Email Address: _____

Phone: _____

If space is needed for additional applicants, please duplicate this page and attach to application.