

Oklahoma Society of Clinical Oncology

Application for Office Staff Membership

Please print or type.

Full Name _____ Degree(s) _____

Date of Birth _____ Home County _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Home Fax (____) _____

Employed by _____

Office Address _____

City _____ State _____ Zip _____

Office Phone (____) _____ Fax (____) _____ E-mail _____

Other current professional organization memberships _____

List practice, clinic, hospital, or surgical/treatment center with which you are affiliated.

1. _____

2. _____

Please briefly describe the nature of your position _____

Are you currently a member of OSCO's Payor Advisory Committee? _____

If not, would you like to participate in the monthly meetings either in person or via teleconference? _____ in person (Tulsa) or by teleconference _____.

_____ Date _____

Signature of Applicant

Any questions? (918) 274-8374 Fax: (918) 274-8354 E-mail: osco@oscoOK.org

Please return completed application to:

Mary Jo Wichers
Oklahoma Society of Clinical Oncology
8805 N. 145th E. Ave, Ste 203
Owasso, OK 74055