



Oklahoma Society of Clinical Oncology

14601 East 88th Place North, Suite 306

Owasso, OK 74055

Phone: 918-274-8374 Fax: 918-274-8354

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www.twitter.com/OSCONurses

www.oscoOK.org

2016 Application for Affiliate Membership

Please complete the information so we can update our files and make sure our information is accurate, for the OSCO website. Only the **highlighted** information will go on the website.

Name: _____ Degree(s): _____

Email: _____

Office Phone: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Practice Name: _____

Website: _____ Office Manager: _____

Office Address #1: _____

City: _____ State: _____ Zip: _____

Other Current Professional Memberships: _____

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.

We also need a picture (280x280 or larger) of you for the OSCO website – please Email them to Amy@mjexecmgmt.com

Annual Dues: **FREE**

Signature: _____ Date: _____

Please return completed information to:

OSCO
14601 East 88th Place North, Suite 306
Owasso, OK 74055

Questions:
Call: 918-274-8374
Fax: 918-274-8354
Email: maryjo@mjexecmgmt.com