

MDCSCO

Membership

Application/Renewal

Individual Physician Membership	\$ 150.00
Group or Institution Membership (10 members or more)	\$1000.00
Practice Administrator Membership (see enclosed form)	\$ 50.00

Please send membership information and payment to:
Maryland/District of Columbia Society of Clinical Oncology (MDCSCO)
550M Ritchie Highway # 271
Severna Park, MD 21146

Please list all member names separately - use the back of this form if necessary.

Remember to include all requested information. **All member email addresses would be appreciated as most of our communication is via email. This will greatly improve our ability to communicate with you and will improve the efficiency of the MDCSCO administration.

Please detach and mail the form below with your payment

Name(s) _____
(List additional names on reverse side)
Address _____

****Email address(es)** _____
Phone _____
Fax _____
Amount paid _____ (please make checks payable to MDCSCO)