

# MDCSCO

## 2009 Membership Application/Renewal

|  |                  |
|--|------------------|
| <b>Individual Physician Membership</b>                           | <b>\$ 150.00</b> |
| <b>Group or Institution Membership<br/>(10 members or more)</b>  | <b>\$1000.00</b> |
| <b>Practice Administrator Membership<br/>(see enclosed form)</b> | <b>\$ 50.00</b>  |

**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**

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**Name(s)** \_\_\_\_\_  
**(List additional names on reverse side)**  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**\*\*Email address(es)** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
**Amount paid** \_\_\_\_\_ **(please make checks payable to MDCSCO)**