



## Membership Application

**ANNUAL DUES: July 1, 2016 through June 30, 2017**

Solo Physician	\$600.00
Group membership (two or more)	\$1,000.00
Academic/Institution	\$600.00
ANCO member physicians	\$200.00
Non CA Practice	\$1,000.00
Retired Physician	\$100.00

*There are two ways you can join: 1) Fill out the membership application and mail in with your check made payable to: **Medical Oncology Association of Southern California, Inc.**, and mail to: **P.O. Box 161, Upland, CA 91785.** 2) You can go to [www.moasc.org](http://www.moasc.org) and pay online via PayPal.*

### Practice Information:

Group/ Corporation Name : \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City \_\_\_\_\_ Fax: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Administrator/Manager : \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Nurse : \_\_\_\_\_ Other Email address: \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*Please note: All communications from the MOASC Office are sent via email.*

### Physician Information:

Physician Name: \_\_\_\_\_ Preferred Email Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Additional Information:

**Type of Practice** (Please Circle One):

Solo      Group (# of Physicians): \_\_\_\_\_      Institution      Academic/ University      Other \_\_\_\_\_

List the HMOs, PPOs, etc., that you contract with: \_\_\_\_\_

Are you a member of the Association of Northern California Oncologists (ANCO)?	Yes	No
Are you a member of the American Society of Clinical Oncology (ASCO)?	Yes	No
Are you a member of the Community Oncology Alliance (COA)?	Yes	No
Are you a member of the California Medical Association (CMA)?	Yes	No

**Board Certified in:** \_\_\_\_\_

**Specialty/ Sub-Specialty** (Please Circle):

Breast      Prostate      Lung      GYN      All

Other (Please List): \_\_\_\_\_

**If you have any questions, please do not hesitate to contact the MOASC Office at 800-310-3553 x. 1.**