



North Carolina Oncology Management Society

APPLICATION FOR MEMBERSHIP

New Member **Renewal** **Date** _____

Name _____ **Job Title** _____

Degree/Certification _____

If you are affiliated with a license to practice, a certificate or job duty that requires you to maintain Continuing Medical Education (CME) (ex. ARRT/ASRT/Nursing/AAPC/etc.), please proceed to the next question.

Type of CME desired (if any): _____

Practice Name _____

Type of Practice:
(check all that apply) **Medical Onc.** _____ **Radiation Onc.** _____ **Private** _____ **Hospital Based** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Fax Number** _____

E-Mail Address _____
Please provide an e-mail address – This will be our primary form of communication with you

Annual Membership Dues are \$100.00 (valid January 1 - December 31) – payable by March 1st
Please direct membership questions to Flo Custer, Membership Chairperson
fcuster@gastoncancer.com

Make check payable to: North Carolina Oncology Management Society (NCOMS) and mail to:
Donna R. Goodman
NCOMS
P. O. Box 189
Mount Mourne, NC 28123
E-mail completed application to donnarg3@gmail.com

*Please note: Payment of membership dues does not register you for NCOMS conferences/workshops.
A separate registration form must be completed to attend a conference.*