

Section 1: Membership Category (Please select one.)

<input type="radio"/>	Active	Available to experienced licensed physicians or other health professionals of any nation who devote a majority of their professional activity to cancer patient care and/or research or education in the biology, diagnosis, prevention, or treatment of human cancer.	Annual dues: \$540 plus a \$35 one-time initiation fee	Includes subscription to the <i>Journal of Clinical Oncology</i> , the <i>Journal of Oncology Practice</i> , and <i>The ASCO Post</i> (includes access to full-text online).
<input type="radio"/>	Active-Junior	Available to physicians during the first three years after completion of an approved oncology subspecialty training program and who qualify for Active membership.	Annual dues: \$295	Includes subscription to the <i>Journal of Clinical Oncology</i> , the <i>Journal of Oncology Practice</i> , and <i>The ASCO Post</i> (includes access to full-text online).
<input type="radio"/>	Associate	Available to health professionals having an MD, DO, PhD, Pharm D or other doctoral degree, who are participating in a subspecialty training program in oncology or another field that would lead to eligibility for Active or Active-Allied membership.	Annual dues: Free	Includes subscription to <i>The ASCO Post</i> . <input type="checkbox"/> I would like to receive the <i>Journal of Clinical Oncology</i> for an additional \$50 per year (includes access to full-text online).
<input type="radio"/>	Active-Allied	Available to health professionals at the doctoral level (e.g., epidemiologists, biostatisticians, public health specialists, nurses, other scientists, etc.) or individuals with equivalent academic ranks who are not eligible for Active Membership and who have a predominant interest in the biology, diagnosis, prevention, or treatment of human cancer (e.g., radiologists, pathologists, nuclear medicine physicians, pharmacologists, researchers, etc.).	Annual dues: \$145 plus a \$35 one-time initiation fee	Includes subscription to <i>The ASCO Post</i> . <input type="checkbox"/> I would like to receive the <i>Journal of Clinical Oncology</i> for an additional \$290 per year (includes access to full-text online). <input type="checkbox"/> I would like to receive the <i>Journal of Oncology Practice</i> for \$50 per year (includes access to full-text online).
<input type="radio"/>	Affiliate	Available to oncology nurses, nurse practitioners, physician assistants, practice management professionals and other health specialists who devote a majority of their professional activity to the care and treatment of patients with cancer. Membership shall be limited to those personnel who function as integral members of a team of oncologists responsible for the care of such patients or who engage in the conduct of clinical trials. Also available to individuals who hold leadership positions or have taken a distinguished leadership role in a nationally or internationally recognized not-for-profit, tax-exempt organization dedicated to cancer patient advocacy or survivorship.	Annual dues: \$120 plus a \$35 one-time initiation fee	Includes subscription to the <i>Journal of Oncology Practice</i> and <i>The ASCO Post</i> (includes access to full-text online). <input type="checkbox"/> I would like to receive the <i>Journal of Clinical Oncology</i> for an additional \$290 per year (includes access to full-text online).
<input type="radio"/>	International Corresponding	Available to experienced physicians who are eligible for Active Membership but who reside in a developing nation or a nation with a low per-capita income. Please visit ASCO.org for a complete list of eligible countries.	Category 1: \$50 Category 2: \$210 Category 3: \$210	Includes full-text online only subscriptions to the <i>Journal of Clinical Oncology</i> , the <i>Journal of Oncology Practice</i> , and <i>The ASCO Post</i> .

Please note that ASCO membership is not available to physicians or others who are employed or primarily consult in the fields of financial analysis, sales, marketing, or the media.

Section 2: Simplified Application Process

If you are a member of one of the organizations listed on the previous page, ASCO offers you a simplified membership application process. Applicants who are members of one of these organizations need only submit a completed application and a copy of their curriculum vitae. Sponsor signatures and copies of board certifications are not required.

Other Organization _____

Other Organization Member ID _____

Section 3: Applicant Information (Please type or print.)

Name

First _____ Middle _____ Last (Family Name/ Surname) _____

MD MBBS PhD PharmD RN MSN PA-C Other (please specify) _____ Date of Birth: ___/___/___
mm dd yy Gender: Male Female

Ethnicity (Optional): Asian Black or African-American Hispanic Native American or Alaska Native White or Caucasian Other

Hospital/Institution/Organization Address (Used for Membership Directory and "Find an Oncologist" on ASCO.org)

Hospital/Institution/Organization Name _____ Department/Division/Unit _____

Street Address _____ City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Primary E-mail Address _____ Country Code/City Code/Telephone _____ Fax _____

Residential/Home Address **Indicate preferred mailing address:** Hospital/Institution/Organization Address Residential/Home Address

Street Address _____

Street Address _____ City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Secondary E-mail Address _____ Country Code/City Code/Telephone _____ Fax _____

I understand that notices relating to ASCO membership rights and privileges (such as notices about the Board of Directors election, proposed Bylaws amendments, and member meetings) will be sent to me: 1) at my primary e-mail address; 2) at my secondary e-mail address, if I do not provide a primary e-mail address; or 3) generally through ASCO's website and/or publication, if I do not provide any e-mail address.

Section 4: Educational Information

Degree (MD, PhD, etc.)	Year Received	Institution/University

Section 5: Completed Fellowship, Residency, Internship, Training (If not applicable, please list N/A.)

Title/Type of Postgraduate Training	End Date (mm/dd/yy)	Institution/University

Section 6: Subspecialty Training Information (Associate and Active-Junior Member Applicants Only)

Type of Training Program (Select from the Board-Certified Specialties numeric list below in Section 7.) _____

Start Date: ____/____/____ Anticipated End Date: ____/____/____
mm dd yy mm dd yy

Fellowship/Residency Program Director Name _____

Section 7: Board Certification(s), International Equivalent License(s), or Non-Board-Certified Activities

Are you Board Certified: No Yes Please select board certifications from the list below.

Board-Certified Specialties

- . Dermatology
- . Gastroenterology
- . Gynecologic Oncology
- . Hematology
- . Hospice and Palliative Medicine
- . Internal Medicine
- . Medical Oncology
- . Neurology
- . Nuclear Medicine
- . Oncology Nursing
- . Oncology Pharmacy
- . Pathology
- . Pediatrics (including Pediatric Oncology and Pediatric Specialties)
- . Pharmacology (Clinical)

- . Physician's Assistant
- . Psychiatry/Psychology
- . Radiation Oncology
- . Radiology (Diagnostic and Interventional)
- . Surgery (including Surgical Oncology and Surgical Specialties)
- . Urology/Urologic Oncology

Non-Board-Certified Activities

- . Allied Health (e.g., Psychology, Physical Therapy, Social Work, etc.)
- . Biostatistics/Epidemiology
- . Health Care Administration
- . Laboratory Research
- . Other: _____

Section 8: Practice Setting/Office Location (Please select one.)

- . Private Practice (Office or Hospital-based)
- . Staff Model HMO
- . Academic Medical Center/University
- . Government Agency
- . Pharmaceutical/ Biotechnology Company
- . Administration
- . Training Program (Fellow, Resident, Student)
- . Laboratory Research

Section 9: Nature of Professional Activities (Total percentage of time must equal 100%.)

Please provide a description of your oncology related and non-oncology related professional activities and the amount of time you dedicate to each.

Current specific daily **ONCOLOGY**-related professional activities

_____ % of time: _____ %
_____ %
_____ %

Current specific daily **NON-ONCOLOGY**-related professional activities

_____ % of time: _____ %
_____ %
_____ %

Are you performing any practice management activities? Please select yes or no. Yes No Total 100 %

Please indicate if you work in any of the following fields by selecting one or more of the checkboxes below:

Consulting Financial Analysis Marketing Research & Development Sales Venture Capital Funding & Development of Companies

Section 10: ASCO Member Sponsor Signatures (2 needed)

No sponsor signatures required IF: 1) you are applying for Associate membership, OR 2) you provided your membership ID for another organization on the previous page for the simplified application process. All other applicants please provide sponsor information and signatures below.

I hereby acknowledge by signing this statement of sponsorship, that the information provided above and on the attached curriculum vitae is true and that this candidate adheres to accepted ethical scientific standards and has or will make a long-term contribution to the field of oncology.

Print ASCO Member Name _____ ASCO Member ID _____ ASCO Member Signature: _____ Date _____

Print ASCO Member Name _____ ASCO Member ID _____ ASCO Member Signature: _____ Date _____

Section 11: Applicant Signature _____ Date _____

I hereby acknowledge by signing this application that the information provided above and on the attached curriculum vitae is true.

Section 12: Submission Information

All applications are reviewed by the Membership Committee, which reserves the right to make the final determination of the appropriate membership type for each applicant. Induction into the Society is not automatic. **Please do not send payment at this time. You will be invoiced upon induction.**

Associate applicants please submit:

- Completed and signed membership application
- Training Program Director name, program type and training begin and anticipated end dates
- Copy of Board Certification(s) or International Equivalent License(s) if applicable

All other applicants please submit:

- Completed and signed membership application
- Curriculum Vitae
- Copy of Board Certification(s) or International Equivalent License(s) if applicable and required
- ASCO member sponsor signatures if required

Simplified Application Process: If you provided another organization membership ID in Section 2, **you do not need** to submit sponsor signatures or a copy of your board certification(s).

ASCO Member Services

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