



Louisiana Oncology Society (LOS)
8805 North 145th East Ave. Ste 203
Owasso OK 74055
Phone: 918-274-8374 Fax: 918-274-8354
www.laoncologysociety.org
2012 Application for Affiliate Membership

Name: _____ Degree(s): _____

Title: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employed By: _____

Website: _____

Office Address: _____

City: _____ State: _____ Zip: _____ Parish: _____

Office Phone: _____ Ext: _____ Fax: _____

Other Current professional organization memberships:

In the space provided, please briefly describe the nature of your oncology activities, including a description of your medical practice, specific interests, and percent of time devoted to cancer patients.

Signature: _____

Date: _____

Annual Dues: \$25.00/each _____ Check _____ PayPal

If you are unable to submit this application electronically, please fax or mail it to the information listed above. If you are paying by check, please sent it to the address listed above.

LOS is a 501(c) (3) organization and therefore dues are deductible as a charitable contribution for federal tax purposes.

FEIN: 72-1219540