



Louisiana Oncology Society (LOS)

2012 Application for Physician Membership

Please complete the information so we can update our files and make sure our information is accurate, for the LOS website. Only the **highlighted** information will go on the website.

Name: _____ **Degree(s):** _____

Date of Birth: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Practice Name: _____

Office Address #1: _____

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

Office Phone: _____ **Ext:** _____ **Fax:** _____

Office Address #2: _____

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

Office Phone: _____ **Ext:** _____ **Fax:** _____

Undergraduate School: _____ **From:** _____ **To:** _____

Medical School: _____ **From:** _____ **To:** _____

Residency: _____ **From:** _____ **To:** _____

Fellowship: _____ **From:** _____ **To:** _____

Board Certified: Yes: _____ No: _____

Name of Board: _____

Subspecialty(s): _____

Current Hospital where you have Privileges: _____

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.

Please suggest some topics and /or speakers you would like to see at a LOS educational meeting:

We also need a picture of you for the LOS website –Please email to Brenda@mjexecmgmt.com.

Signature: _____ **Date:** _____

I will pay my dues by check I will pay my dues using PayPal I am a fellow

Annual Dues:

Physicians: \$200.00/year

Fellows are not subject to dues

Please return completed information and dues to:

LOS

8805 N. 145th E. Ave., Ste 203

Owasso, OK 74055

Questions: Call: 918-274-8374

Fax: 918-274-8354

Email: los@laoncologysociety.org

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

Federal Tax ID: 72-1219540