



MEMBER RENEWAL APPLICATION

Name: _____

Practice Name: _____

Mailing Address: _____

Telephone: (____) _____

Fax: (____) _____

e-Mail: _____

Medical School: _____

Residency: _____

Fellowship: _____

DUES: Please attach dues with your application. Checks can be made payable to LOUISIANA ONCOLOGY SOCIETY and mailed to Mary Jo Wichers, 8805 N 145th E Ave, Suite 203, Owasso, OK 74055. 918.261.8951

_____ Full Membership dues are \$200 per physician

_____ Fellows are not subject to dues

DEADLINE FOR DUES IS 5/31/08. This will cover membership through May 2009.

We need a copy of your picture for our physician directory on the new website. Please see attached guidelines.