



## ILLINOIS MEDICAL ONCOLOGY SOCIETY

Executive Office:  
550M Ritchie Highway, #271, Severna Park, MD 21146  
Phone: 847-264-4667 Fax: 410-544-4640  
[www.imoscancer.org](http://www.imoscancer.org)

The Illinois Medical Oncology Society now offers FREE memberships to oncologists and allied oncology professionals.

### APPLICATION FOR MEMBERSHIP

Save this form to your computer, complete, and mail to the address shown above. If you have any questions, please contact the Membership Department, at 847-264-4667.

#### SELECT THE TYPE OF ANNUAL MEMBERSHIP:

- Regular:** Physician oncology and/or hematology specialist who is licensed, certified or eligible to be certified, and practices in Illinois.
- Group:** Four physicians in an oncology practice or university who meet the requirements of Regular membership qualify for Group membership. Additional physicians who meet the requirements may each join as part of the Group and have the same privileges as Regular members. \*
- Associate:** Allied healthcare professionals including but not limited to registered nurses, nurse practitioners, physician assistants, pharmacists, cancer registrars, administrators, office managers, or other health professionals.
- Fellow:** Healthcare professional participating in an oncology subspecialty training program in IL.
- Retired:** Individual eligible to be a Regular member but is no longer practicing oncology.

**\* Group: On a separate sheet of paper, please list additional Regular members included in the Group membership and their corresponding contact information and submit it to the IMOS Executive Office.**

FIRST NAME & MIDDLE INITIAL: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

SUFFIX: \_\_\_\_\_

DEGREE: \_\_\_\_\_

TITLE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE AND FAX (+ AREA CODE): \_\_\_\_\_

EMAIL: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_



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PRACTICE ADMINISTRATOR: \_\_\_\_\_

PRACTICE ADMINISTRATOR'S EMAIL: \_\_\_\_\_

CHECK PRACTICE VENUE: ACADEMIC  HOSPITAL  OFFICE BASED

I'D LIKE TO SERVE IN A LEADERSHIP POSITION: YES  NO

I attest that I meet the qualifications of the membership category for which I am applying, and that I will uphold the purpose(s) of Illinois Medical Oncology Society

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail this application to: Illinois Medical Oncology  
Society; 550M Ritchie Highway, #271, Severna Park, MD 21146**