

Membership Categories/Dues

Active Membership (\$175/year) is open to all licensed physicians who support the goals and purposes of NNECOS and are directly engaged in the study or practice of clinical oncology/hematology within the states of Maine, New Hampshire and Vermont. Active members may vote on any and all issues to come before the membership and may hold office, serve on committees, serve as a member of the board, and receive all society publications.

Associate Membership (\$35/year) is open to non-physician healthcare professionals and representatives of patient advocacy groups interested in the purposes of NNECOS. Associate members may vote on any and all issues to come before the membership, serve on the board of directors and committees, attend membership meetings, and receive all society publications.

Fellows Membership (\$0/year) is open to physicians actively enrolled in a full time oncology or hematology fellowship program in Maine, New Hampshire or Vermont. Fellows members may serve on committees, attend membership meetings and receive all society publications. **Fellows members shall be exempt from dues.**

Emeritus Membership (\$0/year) is open to individuals who otherwise fulfill the qualifications of active membership but are no longer active in oncology care. Emeritus members may serve on committees, attend membership meetings and receive all society publications. **Emeritus members shall be exempt from dues.**

Applying for Membership

NNECOS membership coincides with the calendar year, and allows registration at and participation in society educational events at deeply discounted member registration rates. Membership applications must include any applicable dues payments (payable via check, money order, or credit card). Please complete the form at left, and return with payment via postal mail to NNECOS, PO BOX 643, SANDOWN, NH 03873-0643. Dues exempt memberships or memberships being paid for by credit card may be faxed to 603.887.6049.

Northern New England



Clinical Oncology Society

Membership Application

ASCO Member ID (if applicable) _____

Name _____ Title _____

Email Address (for society e-newsletter and important updates) _____

Practice / Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Specialty _____

Office Manager: _____ Email Address _____

Membership Category: Active Associate Fellow Emeritus

I am a RN LPN NP Administrator Registrar Other _____

Practice Ownership Information (if applicable)

Physician Owned _____ Hospital Owned _____ Other _____ # of MDs _____

Other memberships (circle)

ASCO ONS AACR ACCC ASH ACP ASTRO ACR SROA MGMA Other _____

Optional Credit Card Payment Information

If you wish to pay your dues via credit card, please complete the following:

Cardholder Name: _____

Billing Address _____

Credit Card # _____ Sec. Code _____

Expiration ____/____ MC____ Visa____ AMEX____ DISC _____

Amount Authorized: \$ _____ Signature _____

P.O. Box 643, Sandown, NH 03873-0643
Telephone (603) 644-5273