



Application for Active Membership

Active membership is available to individuals having management responsibilities within an oncology hematology practice (*An administrator, office manager, or physician is normally the Active member*).

Annual Dues: \$150.00

Please mail the signed application and payment to POHMS' Member Services
425 Amwell Road, Suite 2, Hillsborough, NJ 08844 ~ Phone: 908-904-4800 ~ Fax: 908-904-1155 ~ Visit
www.pohms.com

Applicant Information (Please type or print clearly.)

Name _____

First

Last

Title/Position: _____

Please indicate:

MD

PhD

PharmD

BA

RN

MSN

MS

BS

Other _____

Email Address: _____

Date of Birth: _____ / _____ / _____

mm

dd

yy

Gender:

Male

Female

PRACTICE INFORMATION:

Practice

Name _____

Address _____

City

State

Zip/Postal Code

County

Phone (_____) _____

Fax (_____) _____



Total Practice Employees: _____

Total # of RN's: _____

How Long Practice in Existence? _____

Total # of Physician Extenders: _____

Physicians:

Please list

Additional Sites: **Yes** **No** Please list addresses.

Satellite #1:

Satellite #2:

Satellite #3:

Satellite #4:

Please list any additional satellite offices on a separate page and attach to the application.

