



Application for Associate Membership

Individuals that are employed by an oncology hematology practice and are represented by one Active member. (Example: Administrator is the Active member then the billing manager, nurse, and/or purchasing manager would be the Associate members). There is no limit to associate members per practice.

Annual Dues: \$35.00 each

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:

Active Member of Practice: _____

Practice Name _____

Address _____

City State Zip/Postal Code

County

Phone (____) _____ Fax (____) _____



As a member of the Pennsylvania Oncology Hematology Managers' Society I agree that my practice will be represented at not less than two meetings or events in a year (the annual conference counts as one meeting). I further understand that failure to comply with these membership requirements may result in the revocation of my practice membership. I also understand under these conditions, membership dues are non-refundable.

Member Name (please print): _____

Member Signature: _____ Date: _____