2025 Membership Application

NAME ____ JOB TITLE _____________________________

Business Name ____

ADDRESS ____

CITY ____ STATE __________ ZIP__________________

PHONE NUMBER ________________ ext _______ FAX NUMBER _________________

E-MAIL ADDRESS ____

Please provide an e-mail address -This will be our primary form of communication with you

NUMBER OF PHYSICIANS ______ NUMBER OF OFFICES ______ NUMBER OF EMPLOYEES ______

Please select all that apply:

☐ MedOnc ☐ RadOnc ☐ GynOnc ☐ Surgical Oncology ☐ Other Specialty ☐ Affiliate

NUMBER OF STAFF SUPERVISED ______

*Full Membership requires that you supervise at least 2 additional coworkers

☐Transfer membership from ____ to________________________________

Membership Type:

☐ Full Practice Member $100 ☐ Associate Member ☐ Affiliate Member $250 ☐ Professional Member $100

- Full Membership requires that you supervise at least 2 additional coworkers
- Associate Membership is open to any coworkers of a healthcare provider and free with a FULL member
- Affiliate Membership is open to anyone who is in the healthcare industry not an employee of a healthcare provider or a healthcare provider that does not have a full member.
- Professional Membership is open to any healthcare professional actively working with a healthcare provider or healthcare facility. Not applicable to industry and does not require supervision of staff
- Membership benefits are only for full and professional members.

Membership year runs March 2025- Feb 2026. Please direct any membership questions to or email your application to theresa.foushee@gmail.com

Meeting Dates:

February 28, 2025 & March 1, 2025(annual)
May 15, 2025 (virtual)
September 18, 2025(in-person)
November 6, 2025 (virtual)

☐ Make checks payable to ASCOM and mail to: Association of South Carolina Oncology Managers
Attention: membership
P.O. Box 81
Mt. Pleasant, SC 29464

Please charge my: ☐ AMEX ☐ MasterCard ☐ Visa

Name on Credit Card:____

Credit Card Number: ____ Exp: ____________________

Billing Zip Code:_______________ CVV:______________

Authorized Signature: ____

**Visa/MasterCard/American Express will incur a 3% processing fee