ASCOM
ASSOCIATION OF SOUTH CAROLINA ONCOLOGY MANAGERS

2024 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 2023- Feb 2024. Please direct any membership questions to or email your application to info@ascomsc.org.

Meeting Dates:

March 15 & 16, 2024
September 19, 2024
May 16, 2024 (virtual)
November 7,2024 (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