

# Connective Tissue Oncology Society Application for Membership

PLEASE TYPE INFORMATION

Name \_\_\_\_\_  
*First MI Last Degree*

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
(include area code, or country and city codes)

Fax \_\_\_\_\_  
(include area code, or country and city codes)

E-Mail \_\_\_\_\_

Institution \_\_\_\_\_

Please indicate your discipline:

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Medical Oncology   | <input type="checkbox"/> Surgical Oncology  | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Radiation Oncology | <input type="checkbox"/> Pediatric Oncology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Oncology Research  | <input type="checkbox"/> Other _____        |                                    |

Dues:  \$200.00/year for members

\$100.00/year for Allied Healthcare Professional

\$50.00/year for residents/fellows (start date \_\_\_\_\_/end date \_\_\_\_\_)

(Please have the chair of your department send a letter with your application stating your position and the beginning and expected completion dates of the residency/fellowship)

Check (payable to "CTOS")

Credit Card ( Visa,  Master Card,  American Express)

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Please return completed application (with dues) to:

Barbara Rapp  
Executive Director  
Connective Tissue Oncology Society  
P.O. Box 320574  
Alexandria, VA 22320-0611

Phone: (301) 502-7371 / Fax: (703) 548-4882

E-Mail: [ctos@ctos.org](mailto:ctos@ctos.org)