



FLASCO Regular Membership Application

2017

PLEASE COMPLETE:

Last Name:		
First Name:		MI:
Degree: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> PharmD <input type="checkbox"/> Other:		Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Date of Birth:	FL License Number:	
Home Address:		
City:	State:	Zip:
Mobile #:	Home Email:	
Practice Type: <input type="checkbox"/> Private <input type="checkbox"/> Hospital <input type="checkbox"/> Academic <input type="checkbox"/> Other		
Practice/Institution/Academic Center Name:		
Department/Specialty:	Title:	
Street Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Work Email:		
Assistant Name:	Assistant Email:	

PREFERRED MAILING ADDRESS: Home Practice/Institution/Organization

PREFERRED EMAIL ADDRESS FOR COMMUNICATION WITH FLASCO: Home Practice

REQUIRED ATTACHMENTS:

- CV
- Scanned copy of Board Certificates or Equivalent

PLEASE INDICATE COMMITTEES YOU WOULD BE INTERESTED IN SERVING WITHIN FLASCO:

- | | | |
|--------------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Financial | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Ethics | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> Clinical Practice | <input type="checkbox"/> Legislative | <input type="checkbox"/> Program |

PLEASE LIST OTHER SOCIETIES YOU ARE A MEMBER:

APPLICANT SIGNATURE:

Date:

As a FLASCO Regular Member, you are encouraged to attend at least one meeting/event annually to retain your free membership.

RETURN COMPLETED APPLICATION FORM AND REQUIRED ATTACHMENTS BY MAIL/FAX/EMAIL TO:

Florida Society of Clinical Oncology

Dorothy Green Phillips, Executive Director [✦ dorothy.green@flasco.org](mailto:dorothy.green@flasco.org)

10022 Water Works Lane [✦ Riverview, FL 33578](#) [✦ Office: 813.677.0246](#) [✦ Fax: 813.677.0559](#)