



2017-2018 Membership Invoice

ANNUAL DUES: July 1, 2017 through June 30, 2018

Solo Physician	\$600.00
Group membership (two or more)	\$1,000.00
Academic/Institution	\$1,000.00
ANCO member physicians	\$200.00
Non CA Practice	\$1,000.00
Retired Physician	\$100.00

Company Name: _____

Address: _____

Admin/Mgr Name: _____

Nurse Name: _____

Cell*: _____

Cell*: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Current Member(s):

Board Certified:

Specialized in:

Brst/Prost/Lung/GYN/other

_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____

Please note: The membership dues are not a charitable deduction, but can be used as a business expense \$25.00 goes to the California Cancer PAC.

Payment:

You can renew your membership in two ways:

1. Print this application and mail along with your check made payable to:
Medical Oncology Association of Southern California, Inc., P.O. Box 161, Upland, CA 91785
2. Go to www.moasc.org and pay via PayPal.