



MEMBERSHIP DUES STATEMENT

Date:		Practice Name:				
Contact:				E-mail:		
Address:						
City:			State:		Zip Code:	
Phone:		Fax:			Total Payment:	

Select Membership Type and Dues Amount Due:

- \$25 Individual Annual Dues x _____ Members = \$ _____
- \$250 Individual Lifetime Dues x _____ Members = \$ _____
- \$3,000 Lifetime Group Membership Dues (Single Location)
- \$21,000 Lifetime Group Membership Dues (Multiple Locations) x _____ Locations = \$ _____
- \$10 Cancer Patient Navigators of Georgia (CPNG) Annual Dues x _____ Members = \$ _____

Please write all members below legibly or attach a separate sheet of paper if more space is required. Lifetime Group Members must submit a completed roster as provided by GASCO.

Make check payable to: Georgia Society of Clinical Oncology
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 Tel. (770) 951-1018 • Fax (770) 951-2157
 www.gasco.us