



2011 MEMBERSHIP APPLICATION

All 2011 memberships paid prior to September 1st expire on December 31, 2011.

Date of application _____

Name _____

Business/Organization/Institution _____

Mailing Address _____

City/State/Zip/Country _____

Phone Number _____ Fax Number _____

Email Address _____

Business Website _____

Select Type of Membership:

____ Professional Member (DVM, VMD, MD, PhD or equivalent advanced degree) \$150.00

____ Resident \$50 (list specialty): _____

____ Intern \$50 ____ Student \$50 ____ Technician \$40

Professional School(s) Attended _____

Specific Areas of Interest _____

Nature of Present Work: ____ Large Animal Practice ____ Internship ____ Research
 ____ Teaching ____ Government Service ____ Other _____

Please complete for all that apply to you:

Medical Oncologist (certification and/or degree): _____

Radiation Oncologist (certification and/or degree): _____

General Practitioner (certification and/or degree): _____

Surgeon (certification and/or degree): _____

Cancer Researches (certification and or degree): _____

Internal Medicine (certification and/or degree): _____

Neurology (certification and/or degree): _____

Epidemiology (certification and/or degree): _____

Clinical Pathology (certification and/or degree): _____

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Anatomic Pathology (certification and/or degree): _____

Nutrition (certification and/or degree): _____

Physician (certification and/or degree): _____

May we list your information in a member directory or online? Yes ___ No ___

If you prefer to opt out of any email that may be sent by VCS, its sponsors or exhibitors, check here _____

VCS members may subscribe to the oncology journal at a reduced rate by linking to Blackwell directly from the VCS website: vetcancersociety.org.

PAYMENT METHOD (choose one):

Total payment due \$ _____

___ **Check or Money Order enclosed** (made payable to Veterinary Cancer Society)

___ **Credit Card:** Visa Mastercard

Card # _____

Security Code # (3 digits on back of card) _____

Expiration month and year _____

Name on the Card _____

Billing Address _____

SUBMITTING PAYMENT

1) By Mail:

Veterinary Cancer Society

PO Box 30855

Columbia, MO 65205

2) By Fax (using credit card payment method only):

573-445-0353