



# DELAWARE SOCIETY FOR CLINICAL ONCOLOGY

## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Degree: \_\_\_\_\_  
Last First Middle (MD, DO, APN, etc)

Office Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\_\_\_\_ Single \_\_\_\_ Married Spouse Name: \_\_\_\_\_

Medical School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Internship: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Residency: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Fellowship: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Primary Specialty: \_\_\_\_\_

Board Certified/Year: \_\_\_\_\_

Subspecialty: \_\_\_\_\_

Board Certified/Year: \_\_\_\_\_

Are you a current ASCO (American Society of Clinical Oncology) member? \_\_\_\_ Yes \_\_\_\_ No

Within the last five years, have you been convicted of a felony crime? \_\_\_\_ Yes \_\_\_\_ No  
If yes, provide details. \_\_\_\_\_

Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No If yes, please provide details. \_\_\_\_\_  
\_\_\_\_\_

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide details.

What % of your time per week is dedicated to caring for oncology patients? \_\_\_\_\_

What % of your time per week is dedicated to research or administration? \_\_\_\_\_

If elected to membership, I agree to conduct myself professionally and personally according to the principles of medical ethics and to be governed by the Constitution and Bylaws of the Delaware Society of Clinical Oncology.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Membership

**Active Membership** – may be granted to physicians involved in the clinical, research, or administrative business of malignant disease who are interested in and agree to support the purposes of the Society; agrees to abide by DSCO's bylaws and such other rules and regulations as the Society may adopt and shall reside or practice in Delaware. Only Active Members in good standing of the Society shall be entitled to hold office or vote.

**Emeritus Membership-**

Affiliate Categories:

Health Professional Membership- granted to oncology nurses, physician assistants, and other health specialists who devote a majority of their professional activity to the care and treatment of patients with neoplastic diseases; who are interested in and agree to support the purposes of the Society; agrees to abide by the Society's bylaws and such other rules and regulations as the Society may adopt and shall reside or practice in Delaware. Affiliate members may not vote or hold office in the Society.

Administrative Professional Membership

| Action of the Delaware Society for Clinical Oncology: |         |       |
|---|---------|-------|
| Reviewed  | Elected | Other |
|   |         |       |
|   |         |       |
|   |         |       |
|   |         |       |

PLEASE RETURN APPLICATION TO:

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FAX: (302) 366-1354  
EMAIL: Megan.Hayes@MedSocDel.org