



Alabama Cancer Congress

Education, Advocacy & Community

Alabama Cancer Congress (ACC)
574E Ritchie Highway, #271 | Severna Park, MD 21146
Phone: 256-801-3014 Fax: 410-544-4640 | www.facebook.com/alcancercongress
www.alcancercongress.org • www.facebook.com/alcancercongress

Application for Membership

Please complete the information so we can update our files and make sure our information is accurate, for the website.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Medical Oncologist | <input type="checkbox"/> Neuro Oncologist | <input type="checkbox"/> GYN Oncologist | <input type="checkbox"/> Radiation Oncologist |
| <input type="checkbox"/> Hematologist | <input type="checkbox"/> Surgical Oncologist | <input type="checkbox"/> Nurse | <input type="checkbox"/> Radiation Therapist |
| <input type="checkbox"/> Radiologic Technologist | <input type="checkbox"/> Mid-Level Provider | <input type="checkbox"/> Medical Dosimetrist | <input type="checkbox"/> Chemo Nurse |
| <input type="checkbox"/> Practice Administrator | <input type="checkbox"/> Office Manager | <input type="checkbox"/> Business Staff | <input type="checkbox"/> Billing/Coding |
| <input type="checkbox"/> Fellow | <input type="checkbox"/> Resident | <input type="checkbox"/> Other: _____ | |

Name: _____ Degree(s): _____
 Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____

Practice Name: _____
 Office Address #1: _____
 City: _____ State: _____ Zip: _____ County: _____
 Office Phone: _____ Fax: _____
 Practice Website: _____ Practice Manger: _____
 List of Physicians in Practice: _____

Practice Name #2: _____
 Office Address #2: _____
 City: _____ State: _____ Zip: _____ County: _____
 Office Phone: _____ Fax: _____

Board Certified Yes _____ No _____
 Name of Board: _____
 AL State License #: _____
 Subspecialty(s): _____

Signature: _____ Date: _____

There are no membership dues to join Alabama Cancer Congress.