



# Alabama Cancer Congress

Education, Advocacy & Community

Alabama Cancer Congress ( ACC)

550M Ritchie Highway, #271 | Severna Park, MD 21146

Phone: 256-801-3014 Fax: 410-544-4640 | [www.facebook.com/alcancercongress](http://www.facebook.com/alcancercongress)

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## Application for Membership

Please complete the information so we can update our files and make sure our information is accurate, for the website. Only the **highlighted information** will go on 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): \_\_\_\_\_

**We also need a picture (280x280 or larger) of you for the ACC Website- please, email to [carol@nextwavegroup.net](mailto:carol@nextwavegroup.net)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

There are no membership dues to join Alabama Cancer Congress.