PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

2021 Corporate/Allied Member Information

Corporate and Allied members are all parties which are not an oncology practice but are interested in promoting the improvement of business conditions among POHMS' practices. The goal of POHMS' Allied/Corporate Membership Program is to develop a comprehensive partnership between POHMS and other organizations serving the oncology community. Corporate and Allied members have no voting rights. Corporate and Allied membership dues are used to support the general ongoing activities of POHMS.

Please complete the following information: (Please type or print clearly)

Company Name_____

Address_____

_____

_____

City State Zip/Postal Code

Phone (_____) _____ Fax (_____) _____

1802 State Route 31
#312
Clinton, NJ 08809
908-617-5063, ext. 304
www.pohms.com

pohms
PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

Sponsor Classification:
Please circle one

Diamond Gold Silver Allied Member

Main Contact Information (Please type or print clearly.) Please note this person will be the main contact for the company and will receive all information regarding exhibiting at the Fall Conference.

Representative 1:

Name_____
First **Last**

Title: _____

Email Address: _____

Cell: _____

Additional Representative (s) included in the above level of sponsorship:

Representative 2:

Name_____
First **Last**

Title: _____

Email Address:_____

Cell: _____

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MANAGEMENT SOCIETY

Representative 3:

Name_____
First **Last**

Title: _____

Email Address:_____

Cell: _____

Representative 4:

Name_____
First **Last**

Title: _____

Email Address:_____

Cell: _____

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Additional Representatives NOT included in the sponsorship:
Allied Representative Membership: $250/year

Mail all information to:

Fran Spine
POHMS Administrative Director
1802 State Route 31, #312
Clinton, NJ 08809

An email will be sent to you to serve as confirmation of your paid membership.

Thank you for your continued support.

For Office Use Only

Membership Level: _____

Number of Additional Allied Member (s):_____

Amount paid: _____ Date: _____

Copy to Member: _____

Signature:

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